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May 28 1997 8:00am  
Secretary of State

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

1997

DOCUMENT # 602186 (9)

1. Corporation Name  
PAUL H. BUSKER D.D.S., STANLEY L. ZAKARIN D.D.S.  
AND JAMES M. STEIG, D.D.S., P.A.

2. Name of President  
RIN, D.D.S. & JAMES M. STEIG, DDS, P.A.  
8500 S.W. 92 STREET  
MIAMI FL 33156

3. Mailing Address  
RIN, D.D.S. & JAMES M. STEIG, DDS, P.A.  
8500 S.W. 92 STREET  
MIAMI FL 33156

4. Telephone Number of President  
21  
22  
23  
24

5. Mailing Address  
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6. Name and Address of Current Registered Agent

ZAKARIN, STANLEY L.  
8500 S.W. 92ND STREET, SUITE #103  
MIAMI FL 33158

7. Date Incorporated or Qualified 06/23/1970  
8. Date of Last Report 7/9/96  
9. FIC Number 59-1299883  
10. Certificate of Status Desired [ ] \$8.75 Additional Fee Required  
11. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees  
12. This corporation has liability for intangible tax under S. 109.032, Florida Statutes [ ] Yes [ ] No

13. Name and Address of New Registered Agent  
14. Name  
15. Street Address (P.O. Box Number is Not Acceptable)  
16. City  
17. State Code FL 85

18. I consent to the provisions of Sections 607, 608, and 609, Florida Statutes, the above named corporation submit this statement for the purpose of changing its registered office location, and accept the obligations of Sections 607, 608, Florida Statutes.

19. OFFICERS AND DIRECTORS

20. OFFICERS AND DIRECTORS  
21. NAME  
22. STREET ADDRESS  
23. CITY, STATE, ZIP  
24. NAME  
25. STREET ADDRESS  
26. CITY, STATE, ZIP  
27. NAME  
28. STREET ADDRESS  
29. CITY, STATE, ZIP  
30. NAME  
31. STREET ADDRESS  
32. CITY, STATE, ZIP  
33. NAME  
34. STREET ADDRESS  
35. CITY, STATE, ZIP  
36. NAME  
37. STREET ADDRESS  
38. CITY, STATE, ZIP  
39. NAME  
40. STREET ADDRESS  
41. CITY, STATE, ZIP

42. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
43. NAME  
44. STREET ADDRESS  
45. CITY, STATE, ZIP  
46. NAME  
47. STREET ADDRESS  
48. CITY, STATE, ZIP  
49. NAME  
50. STREET ADDRESS  
51. CITY, STATE, ZIP  
52. NAME  
53. STREET ADDRESS  
54. CITY, STATE, ZIP  
55. NAME  
56. STREET ADDRESS  
57. CITY, STATE, ZIP  
58. NAME  
59. STREET ADDRESS  
60. CITY, STATE, ZIP  
61. NAME  
62. STREET ADDRESS  
63. CITY, STATE, ZIP  
64. NAME  
65. STREET ADDRESS  
66. CITY, STATE, ZIP

Handwritten signature and date: 5-28-97

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-06/06/97--01048--014  
\*\*\*165.00

67. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath by a duly sworn officer or clerk of a court of law. I sign on the basis of authority empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 B of this filing.

SIGNATURE: [Handwritten Signature]

4/24/97

305-271-0861