FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 602695

(9)

EDWIN A. BIRNS D.D.S., P.A.

15/20197

FILED

Jun 06 1997 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address				[1#6] #1#10 #1#10 #1#10 #1#16 #1#16 #1#16 #1#16 #1#16 #1#16 #1#16 #1#16 #1#16 #1#16 #1#16 #1#16 #1#16 #1#16 #1
	RY RD. BLDG 1 STE 103	1001 IVES DIARY RD. BLD	G 1 STE	103		
N MIAMI BOH	FL 33179	N MIAMI BCH FL 33179				
					3. Date Incorporated or Qualified 02/15/1971	3a. Date of Last Report 04/29/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21				59-1320864	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Continuation of Status Beared	Fee Required
		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation has liability for in	
24	9. Name and Address of Curren		30		Florida Statutes 10. Name and Address of New Reg	Yes No
RIDA		it tradistaten våolit	81	Namo	TO. Harrie and Address of New Neg	istered Agent
BIRNS, EDWIN A 1001 IVES DAIRY RD, BLDG 1 STE 103						
	I IVEO DAIRT RU, BLUGT ST IIAMI BCH FL 33179	E 103	82	82 Street Address (P.O. Box Number is Not Acceptable)		
I N M	IMMI DON FL 331/9		83	 		
-				<u> </u>		
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	e the abov	o-named co	ornoration submits this statement for the n	
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized b	y the corpo	orporation submits this statement for the puration's board of directors. I hereby accep	t the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered age OFFICERS AN		Registered Ag	ent signature rei	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	PD OFFICERS AN	DELETE	1.1 TOTLE		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	BIRNS,EOWIN A	D becent	1.2 NAME			
STREET ADDRESS	1001 IVES DAIRY ROAD		1	1 ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL					
TITLE	D	DELETE	1.4 City - 2.1 Title	81 · 21F		Change Addition
NAME	KRASNE, LAWRENCE	4.2	22 NAME			
STREET ADORESS	1001 IVES DAIRY ROAD			1 ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		2.4 CITY	1		
TITLE	D	DELETE	3.1 TITLE	51-511		Change Addition
NAME	BERKOWITZ, HARRY	**************************************	3.2 NAME			
STREET ADDRESS	1001 IVES DAIRY ROAD			T ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		3 4. C(TY-			
TITLE		DELETE	41 11111	01 211		Change Addition
NAME		 · · ·	4 2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			4.4 CITY-			1
TITLE		DELETE	5.1 TITLE	01-64		Change Addition
NAME		_	5.2 NAME			
STREET ADDRESS				1 ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY -			
TITLE	1 441	☐ DELETE	6.1 TITLE	D1-411		Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			64 CITY-			
∪!!!"⊅!"Z!"			■ 04 DHY-	01-41F		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

STGNATAIRE REQUIRED