

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **603256** (9)

1. Corporation Name
HOFFMAN, SOOTIN AND ERRO, D.D.S., P.A.



Principal Place of Business: **935 W 49TH ST, 101, HIALEAH FL 30012, US**
Mailing Address: **935 W 49TH ST, 101, HIALEAH FL 30012, US**

3. Date Incorporated or Qualified: **12/06/1971**
3a. Date of Last Report: **03/02/1995**

21	22	23	24	25	26	27	28	29	30	4. FEI Number	Applied For
Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number		Applied For	
Sube, Apt. #, etc.		City & State		City & State		City & State		City & State		Not Applicable	
Zip		Country		Zip		Country		Zip		Country	
935 W 49TH ST, 101, HIALEAH FL 30012, US		935 W 49TH ST, 101, HIALEAH FL 30012, US		12/06/1971		03/02/1995		59-1367832		Not Applicable	
22		23		24		25		26		27	
City & State		City & State		City & State		City & State		City & State		City & State	
HIALEAH FL		HIALEAH FL		HIALEAH FL		HIALEAH FL		HIALEAH FL		HIALEAH FL	
US		US		US		US		US		US	
21		22		23		24		25		26	
Sube, Apt. #, etc.		City & State		City & State		City & State		City & State		City & State	
101		HIALEAH FL		HIALEAH FL		HIALEAH FL		HIALEAH FL		HIALEAH FL	
30012		US		US		US		US		US	
21		22		23		24		25		26	
Sube, Apt. #, etc.		City & State		City & State		City & State		City & State		City & State	
101		HIALEAH FL		HIALEAH FL		HIALEAH FL		HIALEAH FL		HIALEAH FL	
30012		US		US		US		US		US	

9. Name and Address of Current Registered Agent
**CHASE, ALAN R.
9400 S DADELAND BLVD, STE 600
MIAMI FL 33156**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HOFFMAN, BERNARD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, BERNARD	1.2 NAME	
STREET ADDRESS	935 W 49TH ST, SUITE 101	1.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL	1.4 CITY- ST- ZIP	
TITLE	STD SOOTIN, JOHN V	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOOTIN, JOHN V	2.2 NAME	
STREET ADDRESS	935 W 49TH ST, SUITE 101	2.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL	2.4 CITY- ST- ZIP	
TITLE	VD ERRO, JUAN C	3.1 TITLE	STO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERRO, JUAN C	3.2 NAME	
STREET ADDRESS	935 W 49 ST, SUITE 101	3.3 STREET ADDRESS	
CITY- ST- ZIP	HIALEAH FL	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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14. I do 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, 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 5/1-3-7-96

CR2E034 (12/95)