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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 604293
 1. Corporation Name
~~DRS GLASSER & SALGUEIRO, P.A.~~
 Jose L. Salgueiro, DDS, PA

Principal Place of Business Mailing Address
 7795 W FLAGLER STREET, #23 MIAMI FL 33144
 7795 W FLAGLER STREET, #23 MIAMI FL 33144



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1973

4. FEI Number: 59-1453856 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Elect on Campaign Financing: \$5.00 May Be Added to Fees

7. Trust Fund Contribution:

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: GLASSER, MARSHALL A Jose L. Salgueiro, 7795 W FLAGLER STREET #23, MIAMI FL 33144

10. Name and Address of New Registered Agent: 81 Name: Jose L. Salgueiro, 82 Street Address (P.O. Box Number is Not Acceptable): 14234 S.W. 84 ST., 83 City: MIAMI, FL 85 Zip Code: 33183

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 607.0506, Florida Statutes.

SIGNATURE: [Signature] DATE: 4/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PGT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GLASSER, MARSHALL A		1.2 NAME	
STREET ADDRESS: 7795 W FLAGLER STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL		1.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SALGUEIRO, JOSE L		2.2 NAME	
STREET ADDRESS: 7795 W FLAGLER ST		2.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL		2.4 CITY-ST-ZIP	
TITLE: [Blank]	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		3.2 NAME	
STREET ADDRESS: [Blank]		3.3 STREET ADDRESS	
CITY-ST-ZIP: [Blank]		3.4 CITY-ST-ZIP	
TITLE: [Blank]	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		4.2 NAME	
STREET ADDRESS: [Blank]		4.3 STREET ADDRESS	
CITY-ST-ZIP: [Blank]		4.4 CITY-ST-ZIP	
TITLE: [Blank]	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		5.2 NAME	
STREET ADDRESS: [Blank]		5.3 STREET ADDRESS	
CITY-ST-ZIP: [Blank]		5.4 CITY-ST-ZIP	
TITLE: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		6.2 NAME	
STREET ADDRESS: [Blank]		6.3 STREET ADDRESS	
CITY-ST-ZIP: [Blank]		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 1/29/99 TIME PHONE: 305 241 5251

CR2E034 (11/98)