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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **604778** **(1)**

1. **JORDAN E. BLUTH D.M.D., P.A.**

[redacted]

Principal Place of Business
6260 W. OAKLAND PARK BLVD.
SUNRISE FL 33313

Mailing Address
6260 W. OAKLAND PARK BLVD.
SUNRISE FL 33313-1214

3. Date Incorporated or Qualified: **10/25/1973**
3a. Date of Last Filing: **02/08/1996**

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc
22 | 27

City & State
23 | 28

24 | 25 | 29 | 30

4. FEI Number: **59-1492178**

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax pursuant to Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

BLUTH,JORDAN E, D.M.D.
6260 W. OAKLAND PARK BLVD.
SUNRISE FL 33313

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

(If applicable) (NOTE: Registered Agent signature required when adding)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
PSD **BLUTH, JORDAN E** **3520 N. 52ND AVENUE** **HOLLYWOOD FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Add
	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Add
	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Add
	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Add
	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Add
	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Add

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***165.00

14. I 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 13 above, or on an attached sheet with its address.

SIGNATURE: DR. Jordan E. Bluth DR. Jordan E. BLUTH DR. Jordan E. BLUTH 1/3/97 (954)742-7995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0272320