2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiv changed, or on an attachment with an ad

SIGNATURE:

Jan 31, 2004 08:00 AM DOCUMENT # 634976 Secretary of State 1. Entity Name MAUTNER, D.D.S. & OPPENHEIMER, D.D.S., P.A. Principal Place of Business Mailing Address 2999 NE 191TH ST 2999 NE 1917H ST AVENTURA FL 33180 US AVENTURA FL 33180 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-1947135 Not Applicable Z₃p Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mame MAUTNER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 20223 NE 19TH PL NORTH MIAMI BEACH FL 33179 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Stanature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Defete TITLE Addition ☐ Change MAUTNER, RICHARD NAME MAME U000000025362 STREET ADDRESS 20223 NE 19TH PL. STREET ADDRESS 02/02/04-80103-008 (50.00 CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 CITY-ST-ZIP TITE F ☐ Delete THE ☐ Change ☐ Addition NAME OPPENHEIMER, STEVEN NAME STREET ADDRESS 4645 NO. BAY ROAD STREET ADDRESS MIAMI BEACH FL CITY-ST-ZP CITY-ST-ZIP TETLE Delete 7 (33) Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-28P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C8Y-ST-ZIP CITY-ST-ZIP TITLE Delete THRE Change Addition NASSE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TRILE Change ☐ Addition NAME MANAF STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY- ST- ZIP If this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information is take and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if with all other like empowered. 12. I hereby certify that the information suppli ndicated on this report or supplemental re of the corporation or the receiver or truste

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