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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 667210 (9)**  
1. Corporation Name  
**LAWRENCE J. LAMAINA, D.D.S., P.A.**

Principal Place of Business: **2323 N.E. 26TH AVENUE SUITE 108 POMPANO BEACH FL 33062**  
Mailing Address: **2323 NE 26 AVENUE SUITE 108 POMPANO BEACH FL 33062 US**

2. Principal Place of Business  
21 [ ] 2a. Mailing Address  
26 [ ]  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 [ ] 27 [ ]  
City & State City & State  
23 [ ] 28 [ ]  
Zip Country Zip Country  
24 [ ] 25 [ ] 29 [ ] 30 [ ]

3. Date Incorporated or Qualified: **04/09/1980** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **59-1988992** Applied For: [ ] Not Applicable: [ ]  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing: [ ] \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [ ] No

**B. Name and Address of Current Registered Agent**  
**LAMAINA, LAWRENCE J.**  
**2323 NE 26 AVENUE**  
**SUITE 108**  
**POMPANO BEACH FL 33062**

**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 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>LAMAINA, LAWRENCE J.</b>
STREET ADDRESS	<b>2323 NE 26TH AVE STE 108</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(A), 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: Lawrence J. Lamaina, DDS, P.A. 2/13/95 305-782-3334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LAWRENCE J. LAMAINA, D.D.S., P.A.**