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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

| DALIE M | (. FELDMAN, D.D.S., P.A. | | | | | | |
|--|--|---|--|--|---|---|---|
| PAUL | | | | | | | |
| rincipat Place of Business 19625 N E 23RD AVE NORTH MIAMI BCH FL 33180 | | Mailing Address 19625 N E 23RD AVE NORTH MIAMI BCH FL 33180 | | | | | |
| | | | | | | | |
| | | | | | 3. Date Incorporated or Qualified | 3 Date Incompreted or Qualified 3a. Date of Last Report | |
| | | | | | 08/26/1980 | | /17/1995 |
| Principal Plac | ce of Business | 2a. Mailing Address | | | 4. FET Number | 1 | Applied For |
| (Intopair ide | 50 0. Dag. 1900 | 26 | | | 59-2016535 | | Not Applicat |
| Suite, Apt. #, | etc. | Suite, Apt. #, etc. | | | 5. Cortificate of Status Desired | | \$8.75 Additional Fee Required |
| | | City & State | | | 6. Election Campaign Financing | | \$5.00 May Be |
| City & State | | 28 | | | Trust Fund Contribution | | Added to Fees |
| Zip | Country | Zıp | Coun | ltry | 8. This corporation has liability for | intangible tax | under s 199.032, |
| · | 25 | 29 | 30 | | 10. Name and Address of New I | S ∏No Registered A | gent |
| | 9. Name and Address of Curren | nt Registered Agent | | 81 Name | 10. Name and Address of New I | ingistored A | 9011. |
| | | | | | (C.C. El N. N. L. I. Not Accepto | hlo: | |
| | BERG, ARTHUR | | | 2 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | OAKLAND PARK BLVD. | | ŀ | 83 | | | |
| SUITE 4 | OU AUDERDALE FL 33306 | | } | 84 City | | | 85 Zip Code |
| | | | | | ration submits this statement for the part of directors. Thereby accept the app | <u> </u> |] |
| or registere familiar with | o the provisions of Sections 607.050 ad agent, or both, in the State of Flor n, and accept the obligations of, Sec | ida. Such change was authori dion 607 0506. Florida Statute | zed by the o | orporation's boa | ird of directors. Глегеру авверт ше арг | pointinent as n | eg ateres agont. I to |
| GNATURE | | | | Agent signature respons | ap whom rematating? | | |
| GNATURE | Signature, typed or printed name of registered age: | | | | | (ATE HICERS AND | DIRECTORS IN 12 |
| GNATURE | Signature, typed or printed name of registered age: | nt and title if applicable (N | 10TE: Registered | Agent signature respons | ap whom rematating? | (ATE HICERS AND | |
| GNATURE | Signature, typed or printed name of registered age- OFFICERS AN PSD FELDMAN, PAUL K | nt and title if applicable (N ND DIRECTORS | 13. 1 1 1 11 | Agent signature require | ap whom rematating? | (ATE HICERS AND | DIRECTORS IN 12 |
| SNATURE S | OFFICERS AN PSD FELDMAN, PAUL K 19625 N E 23RD AVE | nt and title if applicable (N ND DIRECTORS | 13. 1 1 11' 1 2 NA 1 3 ST | Agent signature require TLF ME REE ADDRESS | ap whom rematating? | (ATE HICERS AND | DIRECTORS IN 12 |
| GNATURE S E VE REET ADDRESS Y-SI-ZIP | Signature, typed or printed name of registered age- OFFICERS AN PSD FELDMAN, PAUL K | nt and tide if applicable (N ND DIRECTORS | 13. 1 1 11' 1 2 NA 1 3 ST | Agent signature require ELF ME REE F ADDRESS IY - ST - ZIP | ap whom rematating? | (ME HICERS AND | DIRECTORS IN 12 |
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