## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 686893

(9)

LEE BAIGELMAN, D.D.S., M.SC.D., P.A. Principal Place of Business Mailing Address 1019 S UNIVERSITY DR 1019 S UNIVERSITY DR C/O LEE BAIGELMAN C/O LEE BAIGELMAN PLANTATION FL 33324 **PLANTATION FL 33324-3321** 

FILED								
Jan 27 1997 8	3:00am							
Secretary of	State							



3a. Date of Last Report

02/01/1996

3. Date Incorporated or Qualified

09/08/1980

					4010011000			J
	Place of Business	2a. Mailing Address			4. FEI Number 59-2019385	<del>_</del>	Applied For	
Suite, Apt.	# ata	26	••••		28-50 18362		lot Applicable	3
22		Suite. Apt. #, etc.		5. Certificate of Status Desired		Additional Required		
City & Stat	e	City & State			6. Election Campaign Financing		May Be	
23		28		Trust Fund Contribution	☐ Added	to Fees	_	
Zφ	Country	F	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 9. Name and Address of Curren	29 Registered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No		_
RAI		riogiatorea Agent	81	Name	10. Hame and Address of New Ne	Aisteien Wähllt		
BAIGELMAN, LEE 1019 .S. UNIV. DR. BEST PLAZA			Tidanio				-	
PLANTATION FL 33324		82	82 Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION PL 30029		83	<del> </del>				-	
								- 1
			84			FL   '	Code	1
11. Pursuant	to the provisions of Sections 607 0502	2 and 607.1508, Florida Statut	es, the abov	e-named corp	poration submits this statement for the ption's board of directors. I hereby acce	ourpose of changing	its registered	П
agent. La	im familiar with, and accept the obliga	tions of, Section 607.0505. Flo	orida Statute	y one corporal S.	norra board or directors. Thereby acce	ьгия арронилента	s registered	
SIGNATURE	Signation - typed or printed name of registered ager	nt and tille Lappicable (NOT	É: Registered Ag	ent signature requi	red when reinstating)	DATE		
12.	OFFICERS AND	······································	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 12	∀જે
TITLE	DP	DELETE	11 TITLE			Change	Addition	ମ୍ଞ ଚ
NAME	Baigelman, lee		1.2 NAME					<b>4</b>
STREET ADDRESS	1019 S. UNIVERSITY DR.		1.3 STREET	T ADDRESS				님낊
CHY-ST-Z-P	PLANTATION FL		1.4 CITY-5	ST-ZIP				CR2E034 (9/96)
†ITLF		☐ DELETE	21 TITLE			Change	Addition	√ <u>\</u>
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	r address				1
CITY-ST-7iF		VIV. (1/10/10/10/10/10/10/10/10/10/10/10/10/10	2. 4 CiTY-	ST-ZIP	ž.			
T.TLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	ī] .
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	I ADDRESS				
CHY-SI-7:P			3.4. CITY -	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	1
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CHY-ST-ZIF			4.4 CITY - 9	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	1
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CHTY-S1-ZIP			5.4 CITY - 9	ST-ZIP		·····		
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	1
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-S1-ZIP			6.4 CITY - S	ST-ZIP				
14. I do heret	by certify that the information supplied	with this filing does not qualif	ly for the exe	mption stated	d in Section 119.07(3)(i), Florida Statute	s. I further certify tha	t the	

I am an officer or director of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: