

FILE NOW: FILING FEE AFTER MAY 1

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPART.
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01237 (9)

1. Corporation Name

KENNETH M. WORTMAN, D.D.S., P.A.



Principal Place of Business
7797 N. UNIVERSITY DR.
TAMARAC FL 33321

Mailing Address
7797 N. UNIVERSITY DR.
TAMARAC FL 33321

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

PRESS & ASSOCIATES, P A
ONE FINANCIAL PLAZA, STE 2000
FT LAUDERDALE, FL
33394

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
10/10/1980

3a. Date of Last Report
04/13/1995

4. FEI Number
59-2023082

Applied For
Not Applicable

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 under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 agree to, the provisions of the Florida Statutes.

SIGNATURE:

Signature of the person authorized to execute this statement on behalf of the corporation.

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PSD
WORTMAN, KENNETH M.
7710 N.W. 79TH AVE
TAMARAC FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY- ST- ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY- ST- ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY- ST- ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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-03/28/96--01058--016
***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth M. Wortman, DDS, PA

372-96

365 7201500

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CR2E034 (12/95)