

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **F06754** (8)

1. Corporation Name  
**STANLEY KRUGMAN, D.D.S., P.A.**



Principal Place of Business  
**6601 S.W. 80 ST  
C/O STANLEY KRUGMAN  
MIAMI FL 33143**

2. Mailing Address  
**6601 S.W. 80 ST  
C/O STANLEY KRUGMAN  
MIAMI FL 33143**

21. Principal Place of Business

2a. Mailing Address

22. State, Apt. No.

26. State, Apt. No.

23. City & State

27. City & State

24. Zip County

28. Zip County

g. Name and Address of Current Registered Agent

**KRUGMAN, STANLEY  
6601 S.W. 80 ST.  
MIAMI FL 33143**

3. Date Incorporated or Qualified: **11/25/1980**  
3a. Date of Last Report: **01/31/1995**  
4. FEI Number: **58-1419551** 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 intangibles tax under s. 193.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

11. I, the undersigned, Secretary of State, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the Principal Place of Business, or both in the State of Florida. Such change was authorized by the corporation's board of directors, who by a majority vote accepted the appointment of a registered agent. I am familiar with and accept the obligations of this new Registered Agent, Florida Statutes.

SEVENTEEN

12. OFFICERS AND DIRECTORS

1. NAME	<b>DP KRUGMAN, STANLEY</b>	<input type="checkbox"/> OFFICER
2. STREET ADDRESS	<b>6601 S.W. 80 ST.</b>	
3. CITY	<b>MIAMI FL</b>	<input type="checkbox"/> DIRECTOR
4. NAME		
5. STREET ADDRESS		
6. CITY		<input type="checkbox"/> DIRECTOR
7. NAME		
8. STREET ADDRESS		
9. CITY		<input type="checkbox"/> DIRECTOR
10. NAME		
11. STREET ADDRESS		
12. CITY		<input type="checkbox"/> DIRECTOR

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		
3. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
5. STREET ADDRESS		
6. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		
8. STREET ADDRESS		
9. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, certify that the information supplied with this report is true and correct, and does not qualify for the exemption stated in Section 113.02(3)(k), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I shall, upon notice of delinquency of this corporation, or the failure of this business to exercise this report as required by Chapter 617, Florida Statutes, and that my name appears in Book 12 or Book 13 of the report, or on an affidavit with an address.

SIGNATURE: *Stanley Krugman* President 1/16/96 305 666-7440  
SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (12/95)