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FILED

**Jan 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F24411 (3)

1. Corporation Name
RICHARD A. KORN & SCOTT B. ROSS D.D.S. P.A.



Principal Place of Business: **8720 N KENDALL DRIVE #103 MIAMI FL 33178 US**

Mailing Address: **8720 N KENDALL DR SUITE 103 MIAMI FL 33178-2233 US**

3. Date Incorporated or Qualified: **04/01/1981**

3a. Date of Last Report: **03/29/1996**

2. Principal Place of Business: 21

2a. Mailing Address: 26

22 Suite, Apt. #, etc. 27

23 City & State 28

24 Zip 25 Country 29 30

4. FEI Number: **59-2080932**

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

9. Name and Address of Current Registered Agent

HORN, ANDREW W
111 SW 3RD ST 6TH FL
MIAMI FL 33130

1 SE 3rd Ave Suite 2230

10. Name and Address of New Registered Agent

81 Name: **ANDREW W. HORN, ESQ.**

82 Street Address (P.O. Box Number is Not Acceptable): **1 SE 3rd Avenue, Suite 2230**

83 **SunTrust International Center**

84 City: **Miami** FL 85 Zip Code: **33131**

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: *Andrew W. Horn* **ANDREW W. HORN** DATE: **1/15/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	KORN, RICHARD	
STREET ADDRESS	8720 N KENDALL DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/>
NAME	ROSS, SCOTT	
STREET ADDRESS	8720 N KENDALL DR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; 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, unchanged or on an attachment, with an address.

SIGNATURE: *[Signature]* **1/20/97** **270-1358**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)