

APR-12-99 08:21 AM

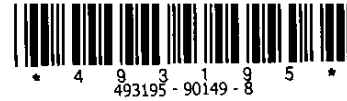
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90149 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F 46037
 1. Corporation Name
MARTIN A. ROBINS, D.D.S., P.A.



Principal Place of Business
 1881 University Drive, Suite 208
 Coral Springs, FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/1/81	
4. FEI Number 59-2122563	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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	

2. Principal Place of Business 21. 10262 Vestal Manor Suite, Apt. #, etc.	2a. Mailing Address 25. 10262 Vestal Manor Suite, Apt. #, etc.
22. City & State 23. Coral Springs, FL 24. Zip 33071	26. City & State 27. Coral Springs, FL 28. Zip 33071
29. Country USA	30. Country USA

9. Name and Address of Current Registered Agent
Myron Sandler, Esq.
4020 Sheridan Street, Suite C
Hollywood, FL 33021

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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

I, _____, Agent for the above-named corporation, certify that the information supplied is true and correct.

NOTE: Registered Agent Signature required when (re)registering.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D/P/ Martin A. Robins	☐ DELETE	1. NAME 10262 Vestal Manor	☒ Change ☐ Addition
2. STREET ADDRESS S/T		2. STREET ADDRESS Coral Springs, FL 33071	
3. CITY-STATE-ZIP		3. CITY-STATE-ZIP	
4. NAME	☐ DELETE	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY-STATE-ZIP		6. CITY-STATE-ZIP	
7. NAME	☐ DELETE	7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY-STATE-ZIP		9. CITY-STATE-ZIP	
10. NAME	☐ DELETE	10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY-STATE-ZIP		12. CITY-STATE-ZIP	
13. NAME	☐ DELETE	13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY-STATE-ZIP		15. CITY-STATE-ZIP	
16. NAME	☐ DELETE	16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY-STATE-ZIP		18. CITY-STATE-ZIP	
19. NAME	☐ DELETE	19. NAME	☐ Change ☐ Addition
20. STREET ADDRESS		20. STREET ADDRESS	
21. CITY-STATE-ZIP		21. CITY-STATE-ZIP	

14. I 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 owner of or director of the corporation or 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martin A. Robins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Martin A. Robins President

4/13/99 954-755-4723