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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F47310

(0)

EDWARD R. WALTERS, D.D.S., P.A.

FILED Jan 23 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 8313 W. ATLANTIC BLVD. 8313 W. ATLANTIC BLVD. RAMBLEWOOD PLAZA RAMBLEWOOD PLAZA DO NOT WRITE IN THIS SPACE CORAL SPRINGS FL 33065-1698 CORAL SPRINGS FL 33065-1698 3. Date Incorporated or Qualified 10/01/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 > 59-2129200 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. X Yes □ No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GREENBAUM, DOUG 400 SE STH ST. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 300 83 FT. LAUDERDALE FL 33316 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE WALTERS, EDWARD R 1.2 NAME NAME 8313 W ATLANTIC BLVD 1.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 00000 1.4 CITY-ST-ZIP CITY-\$T-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2, 4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TIT) F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST - ZIP Addition DELETÉ 4.1 TITLE Change TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY - ST- ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST- ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-\$T-ZIP

14. I hereby certify that the information supplied with this filing dees 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 or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

954 753.7822