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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F47922

(2)

STEVEN N. GREEN, D.D.S., P.A.

FILED

Jan 23 1997 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address				T THE THE TITLE BY AND SEASON TO THE STATE BY AND THE BY AND STATE BY			
8740 NORTH KENDALL DRIVE MIAMI FL 33176		8740 NORTH KENDALL DRIVE MIAMI FL 33176-2209							
minmi it soir	·	MININI 12 00110 2200				3. Date Incorporated or Qualified 10/08/1981		of Last Re 2/1996	eport
2. Principa! Pl	lace of Business	2a. Mailing Address	2a. Mailing Address 26			4. FEI Number 59-2134693	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	dditional
City & State	0	City & State				6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees			Мау Ве
Zip 24	Gountry 25	7(p	30 Cc	ountry	·	8. This corporation has liability for in		x under s.	
241	9. Name and Address of Currer			T		10. Name and Address of New Reg			
ROS	SENTHAL, JEFFREY H.			81	Name				
7000 W. PALMETTO PARK RD. SUITE 203				82	Street Addi	dress (P.O. Box Number is Not Acceptable)			
	CA RATON FL 33433			83			• • • • • • • • • • • • • • • • • • •		
				84	City		FL	85 Zip (Code
office or r	egistered agent or both, in the State mifamiliar with, and accept the oblig structure typed or pened hairs of regions at an	of Florida. Such change v ations of, Section 607.050!	vas authoriz 5, Florida St	ed by atute	y the corporat s.	ocration submits this statement for the p ion's board of directors. I hereby accep red when reinstating)	the appoi	ntment as	registered
12.		ID DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	,		
TITLE	PD	☐ DELETE	1.1	THLE			L	_] Change	Addition
NAME	GREEN, STEVEN N		1.2	NAME					
STREET ADDRESS	8740 N KENDALL DRIVE		1.3	STREE	T ADORESS				
COTY+S1-ZIF	MIAMI, FL 00000				ST-ZIP			7.05	1 442:
TITLE		L DELETE	DELETE 21				L	Change	Addition
NAME			1	NAME					
STREET ADDRESS					T ADDRESS				
CITY: ST-ZIP		DELETE			ST - ZIP		т	Change	Addition
TITLE		L. Deter		TITLE				Otkange	L.J Addition
NAME			1	NAME	T ADDRESS				
STREET ACORESS					ST-ZIP				
CITY-ST-7IP TITLE		DELETE		TITLE	ST ZIF		[Change	Addition
NAME				NAME			•		
STREET ADORESS			1 1		T ADDRESS				
CITY ST- ZIP				•	ST-ZIP				
TITLE		DELETE		TITLE				Change	Addition
NAME				NAME					
STREET ACCRESS					T ADDRESS				
CITY-ST-7IP					ST-ZIP				
TIBLE		DELET		TITLE		-		Change	Addition
NAME.			6.2	NAME					
STREET ADORESS			6.3	STREE	T ADDRESS				
CITY-ST-7IF			6.4	CITY-	ST-2/P				

14. I do hereby certify that the information supplied with this filling 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 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 margied, or og an attachment with an address

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/15/97 305.271.832