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

**FILED** Mar 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F47922 (2)STEVEN N. GREEN, D.D.S., P.A. Principal Place of Business Mailing Address \_B740\_MORTH\_KENDALL\_ORIVE 8740 NORTH KENDALL DRIVE MIAMI FL -20176 MIAMI FL 83176-DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/08/1981 28. Mailing Address 26. 550 B 4. FEI Number 2. Principal Place of Business Applied For 550 BRICKER RICKELL 59-2134693 26 Not Applicable Suite, Apt. \$8.75 Additional 5. Certificate of Status Desired 504 Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be NIAMI FL FL MIAMI Trust Fund Contribution 23 28 Added to Fees 33131 Country U.S.A Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 3 | 25 | J S A | 29 33 | 3 9. Name and Address of Current Registered Agent 33131 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent Name Elliott Noel Zack, Esq. ROSENTHAL, JEFFREY-H. 7000 W. PALMETTO PARK RD. Street Address (P.O. Box Number is Not Acceptable) 82 SUITE-203 1367 N.E. 162nd Street 83 BOCA RATON FL 33433 84 Zip Code City N.Miami Beach 85 33162 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. Elever 200 Signature, typod or printed name of registered@gent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change TITLE DELETE 1.1 TITLE GREEN, STEVEN N NAME 1.2 NAME 550 BRICKELL AVE #504 8740 N-KENDALL-DRIVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI 33131 MIAMI, FL-90000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 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, if given a state of the corporation of the corpora

5.4 CITY - ST-ZIP

**6.3 STREET ADDRESS** 6.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

305-400-9995

\_\_\_ Addition

Change