FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996		No. To Ex	DIVISION OF CORPORATIONS				
DOCUM		F52033	(0)				
		RG, D.D.S., P.A.					IAD IIII OKAL OIDII DIDII DIDII DIDII OKAL DIDII
Principal Place o	of Business	Ma	iling Address				
9818 PINES PEMBROKE	BLVD PINES FL 33024		9818 PINES BLVD PEMBROKE PINES FI	. 33024			
						 Date Incorporated or Qualified 10/30/1981 	3a. Date of Last Report 07/20/1995
Principa! Place of Business			a. Mailing Address			4. FEI Number 59-2132019	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		27	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 24	Country 25		Zip	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No	
	1	29 idress of Current Regis	tered Agent		31 Name	10. Name and Address of New R	legistered Agent
	L, DONALD J			1	32 Street Add	ress (P.O. Box Number is Not Acceptab	(ek
4600 S STE 30	Heridan St. 10			1	33		
	WOOD FL 33021			<u> </u>	34 City		FI 85 Zip Code
or registere	ed agent, or both, in	the State of Florida. Such	i change was authorize	ed by the co	e-named corpo orporation's boa	ration submits this statement for the pur ird of directors. I hereby accept the app	pose of changing its registered office ointment as registered agent. I am
familiar with SIGNATURE	h, and accept the ol	oligations of, Section 607.					
12.	Signature, typed or printed i	ornie of registered agent and title if a OFFICERS AND DIRECT		TE: Registered A	gent signature require	od when reinstating! ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE	SDC	SDC DELETE		1. 1 TIT	IE I		Change Addition
NAME	WEINBERG,			1.2 NAME			
STREET ADDRESS	9818 PINES				EET ADDRESS		
CITY-ST-ZIP TITLE	PEMBROKE PINES, FL 00000		□ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change Addition
NAME	WEINBERG, STEVEN			2 2 NAME			
STREET ADDRESS	9818 PINES				EET ADDRESS		
CITY-ST-ZIP	PEMBROKE	PINES, FL 00000		2 4 CITY - ST - ZIP			
TITLE	PVT			3. 1 TIT			Change Addition
NAME	WEINBERG, STEVEN			3.2 NAI			
STREET ADDRESS	9818 PINES	DINES EL MANA		3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	PEMBRUNE	PEMBROKE PINES, FL 00000		4.1 Til			Change Addition
NAME			_	4.2 NA	ME		-
STREET ADDRESS				4.3 STF	EET ADDRESS		
CITY - ST - ZIP				4 4 CIT	Y-ST-ZIP		
TITLE			☐ DELETE	5 1 TIT	!		Change Addition
NAME				5.2 NA	·		
STREET ADDRESS					EEF ADDRESS		
CITY-ST-ZiP			DELETE	5.4 CIT 6 1 TIT	Y-ST-ZIP		Change Addition
T:TLE NAME			L. Servic	6.2 NA			
STREFT ADDRESS					REET ADDRESS		
CITY - ST - ZIP				6.4 CIT	Y-ST-ZIP		
14 Ldo barabi	y certify that the info	rmation supplied with this	filing is voluntarily furn	ished and r	loes not qualify	for the exemption stated in Section 119	1.07(3)(k), Florida Statutes. I further
oath: that I	l am an officer or di	cated on this annual repor- rector of the corporation of 13 if changed or on a fat	r the readiver or truste	e emoower	and accur ed to execute th	ate and that my signature shall have the his report as required by Chapter 607, F	reserved and that my name
SIGNAT	IIRE:	Wash	let -	7		a/196	854-432-4800
SIGNAT	SIGN	MTURE AND TYPED OR PRINTER			OR	/ /Date	Daytime Phone