

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F64728 (1)

1. Corporation Name

RODRIGUEZ-RAMS AND MELNICK, D.M.D., P.A.

Principal Place of Business

Mailing Address

2600 DOUGLAS RD
SUITE 907
CORAL GABLES FL 33134
US

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SUITE 907
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1982

4. FEI Number

59-2203848

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be

Trust Fund Contribution



Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE YURRE, VICTOR H
701 BRICKEL AVENUE, 16TH FLOOR
2828 SW 22 ST CORAL WAY S306
MIAMI FL 33131

81 Name

De Yurre, Victor H.

82 Street Address (P.O. Box Number is Not Acceptable)

550 Brickell Ave Suite 501

83

84 City

Miami

FL

85 Zip Code

33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS	<input type="checkbox"/> DELETE
NAME	MELNICK, REGINA	
STREET ADDRESS	5711 GRANADA BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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, or on an attachment with an address.

SIGNATURE:

Regina Melnick

1-5-98 (305) 446-6655

CR2E034 (10/97)