

FILED
Apr 18 1997 8:00am
Secretary of State

APR-14-97 MON 10:29 MARTIN STARR

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P. 01

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 # F65736 (3)
 Corporation Name
FREDERICK E. KNOLL, D.D.S., P.A.

Principal Place of Business: **c/o FREDERICK E. KNOLL DDS 951 NE 167th ST. #208 N MIAMI BEACH FL 33162**
 Mailing Address: **c/o FREDERICK E. KNOLL DDS 951 NE 167th ST. N. MIAMI BEACH FL 33162**

3. Date Incorporated or Qualified: **02/03/1982**
 3a. Date of Last Report
 4. FEI Number: **59-2159928**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes: Yes No

1. Principal Place of Business
 2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country
 25. Country

B. Name and Address of Current Registered Agent

**KNOLL, FREDERICK E., DDS
 951 NE 167th St. #208
 N MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, 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: _____ DATE: _____
Signature typed or printed in boldface on an original and copy of application. (Name of registered agent, signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KNOLL, FREDERICK E.	
STREET ADDRESS	951 NE 167th ST.	
CITY, ST., ZIP	N MIAMI BEACH FL 33162	
TITLE	<i>ANNE KNOLL</i>	<input type="checkbox"/> DELETE
NAME	<i>ANNE KNOLL</i>	
STREET ADDRESS	<i>451 NE 167th</i>	
CITY, ST., ZIP	<i>N. Miami Beach FL 33162</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST., ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST., ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST., ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST., ZIP		

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