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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90100 019 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F86570

SIGNATURE:

ROY L. GREENBERG, D.D.S., P.A.

Principal Place	of Business	Mailing Address				1				
11030 N. KENDA	ALL DRIVE	11030 N. KENDALL DRIVE								
STE 202		STE 202				DO NOT WRITE IN THIS SPACE				
MIAMI FL 33176		MIAMI FL 33176				3 Date Incorporated or Qualified				7
•						1 -	mea			
		T				06/18/1982			-died Fee	4
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			pplied For	-
21		26			59-2204857			ot Applicable	4	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desire	ed 🗆	•	Additional equired	
!2		27	 							-
City -&-State		City & State					cing		May Be	
23		Zip Country			Trust Fund Contribution			to rees	1	
Zip	Country	Zip	¬ ⁻ '			8. This corporation owes the current year Intangible Personal Property Tax.				1
24	25	29	30	1		Personal Property Tax. 10, Name and Address of N				4
	9. Name and Address of Current	Registered Agent		81	Name	10, Name and Address of h	on registered x	gent		1
CDE	ENBERG, ROY L DDS		, of Hame							
	O N. KENDALL DRIVE		82 Street Add			Idress (P.O. Box Number is Not Acceptable)				
						·				-
STE				83						
MIAN	AI FL 33176		•	84	City			85 Zip	Code	1
					•		<u>FL</u>			1
11, Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida St	atutes, the a	bove	-named corp	oration submits this statement fo	r the purpose of c	hanging its	s registered egistered	1
agent. I a	egistered agent, or both, in the State of medical familiar with, and accept the obligation	ions of, Section 607.0505,	Florida Stat	tutes.	ine corporatio	on a poard of directors. Thereby	locept the appeni	arrorn do /	· g	
SIGNATURE										1
	Signature, typed or printed name of registered agent				signature require	d when reinstating)	DATE AND	DIRECT	ODC IN 12	ને ફ
12.	OFFICERS AND	D DIRECTORS	13.		 -	ADDITIONS/CHANGES TO	OFFICERS AND	Change		վ 3
TITLE	PSTD							ondingo		
NAME	GREENBERG, ROY L		1.2 N			•				18
STREET ADDRESS	·	: 202			ADDRESS					5
CITY-ST-ZIP	MIAMI FL 33176			1.4 CITY-ST-ZIP				Change	Addition	ქ წ
TITLE	VC □ DELETE			2.1 TITLE				☐ Change		`
NAME	Greenberg, Roy L		2.2 N	IAME						
STREET ADDRESS	11030 N. KENDALL DRIVE., STE	202	2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33176			CITY-S	T-ZIP					4
TITLE	DELETE			3.1 TITLE				Change	Addition	1
NAME			:32N	IAME :=						
STREET ADDRESS			3.3 S	TREET	ADDRESS					-
CITY-ST-ZIP			3.4. 0	CITY-S	T-ZIP					_
TITLE		☐ DELETE	4.1 T	ITLE				☐ Change	Addition	1
NAME			4.21	NAME						
STREET ADDRESS			4.3 S	TREET	ADDRESS					}
CITY-ST-ZIP			4.4 C	ITY-ST	-ZIP					Í
TITLE		☐ DELETE						Change	Addition	.]
NAME			5.2 N							1
STREET ADDRESS			5.3 S	TREET	ADORESS					
			1	ITY-ST						1
CITY-ST-ZIP		☐ DELETE						☐ Change	Addition	1
		th percit	6.2 N				_	_ •	_	
NAME					ADORESS					
STREET ADDRESS			0.3 \$	····CE I	ALDINESS	•				

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, with all other like empowered.