SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** G03675 ERIC ROTHSTEIN, D.D.S., P.A. Principal Place of Business Mailing Address 364 N.W. 101 AVENUE 364 N.W. 101 AVENUE CORAL SPRINGS FL 33071-6840 CORAL SPRINGS FL 33071-6840 3. Date Incorporated or Qualified 3a. Date of Last Report 10/08/1982 <u>04/11/1995</u> 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 26 59-2262048 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζiρ Country This corporation has liability for intangible tax under s 199.032. Florida Statutes Yes Mo 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROTHSTEIN, ERIC 364 N.W. 101 AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL SPRINGS FL 33065** 83 City 85 Zip Code 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. Thereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when rematating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/E)DELETE TITLE 11 TITLE Change Addition NAME ROTHSTEIN, ERIC, D.D.S. 1.2 NAME CR2E034 STREET ADDRESS **364 NW 101 AVENUE** 1.3 STREET ADDRESS Coral Springs Fl CITY - ST - ZIP 14 CITY - ST - ZIF TITLE DELETE 21 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ALIDRESS CITY-ST-ZIP 4.4 City - St - Zif TITLE DELETE Change Addition 5.1 TIFLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - 7(f TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET AS ORESS 64 CITY - ST - ZIF 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

EURATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PLAS. 6/6/96 954753-7999