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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:49

DOCUMENT # G57540

(8)

1. Corporation Name

DIRK L. FLEISCHMAN, D.D.S., P.A.

Principal Place of Business

6670 SW 117TH AVE  
MIAMI FL 33183

Mailing Address

6670 SW 117TH AVE  
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/30/1983

3a. Date of Last Report

02/08/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2318781

Applied For

Not Applicable

Suite, Apt. #, etc

22

Suite, Apt. #, etc

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 190.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLEISCHMAN, DIRK L. DDS  
6670 SW 117TH AVENUE  
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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. 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PST  
FLEISCHMAN, DIRK L.  
6670 SW 117TH AVENUE  
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
FLEISCHMAN, DIRK L.  
6670 SW 117TH AVENUE  
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(b), 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 of this filing, if changed, or in an attachment with an address.

SIGNATURE:

*Dirk L. Fleischman* DIRK L. FLEISCHMAN DDS PRESIDENT 1/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-525-3460

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