FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G57540** **(8)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
6670 SW 117TH AVE MIAMI FL 33183	6670 SW 117TH AVE MIAMI FL 33183

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **08/30/1983**

3a. Date of Last Report: **01/20/1995**

4. FEI Number: **59-2318781** ☐ 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. 199.032 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 Section 607.1803, 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. The change was adopted 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 607.325, Florida Statutes.

SIGNATURE: Dirk L. Fleischman DDS DIRK L. FLEISCHMAN 1/12/96

Signature of New Registered Agent, if changing — Printed/Typed Name of New Registered Agent — Date

12. OFFICER/S AND DIRECTOR/S

TYPE	PST	☐ DELETE
NAME	FLEISCHMAN, DIRK L.	
STREET ADDRESS	6670 SW 117TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TYPE	D	☐ DELETE
NAME	FLEISCHMAN, DIRK L.	
STREET ADDRESS	6670 SW 117TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing, and any attachments, 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: Dirk L. Fleischman DDS — 1/12/96 — 305-595-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

DIRK L. FLEISCHMAN