## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Sep 24, 1999 8:00 am Secretary of State

09-24-1999 90002 013 \*\*\*558.75

## DOCUMENT # 1. Corporation Name

H05452

MAURICE H. NAHMAD, D.D.S., P.A.

Principal Place	e of Business	Mailing Address		(  \$0.5   514 \$514 \$114 \$140 \$110 110 \$150 \$100 \$100 \$100	91917 1401
8601 SW 129 TERRACE		P.O. BOX 560307			
MIAMI FL 33156		MIAM! FL 33256-0307		DO NOT WRITE IN THIS SPACE	
บร		US		3. Date Incorporated or Qualified	
				05/21/1984	
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number - Applied	d For
		riue. 26		<b>59-2409702</b> Not Ap	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Cortificate of Status Desired \$8.75 Addit	
22		27		5. Certificate of Status Desired Fee Requir	ed
City & State	e . mı :	City & State		6. Election Campaign Financing \$5.00 May	
23 NIO	mu, Flori	da 28	<del></del>	Trust Fund Contribution Added to Fe	ees
Zip	Country	C A Zip	Country	8. This corporation owes the current year	_
24 33		S.A - 29	30	Intangible Personal Property. Yes No	
	9. Name and Address	of Current Registered Agent	81 Name	10. Name and Address of New Registered Agent	
MA	HMAD, MAURICE H		81 Name A	HMAD. Maurice H.	
	O1 SW 129 TERRACE		82 Street Add	iress (P.O. Box Number is Not Acceptable)	_
8601 SW 129 TERMACE MIAMI FL 33156			83	126 Mills Drive	
14113	- TL 30100		03		
			84 City	85 Zip Code	
		207 0500 4007 4500 51 11 21 21	111	FL 331	
office or	registered agent, or both, in	the State of Florida. Such change was	authorized by the corporat	oration submits this statement for the purpose of changing its registetion's board of directors. I hereby accept the appointment as registe	ered
agent. I a	am familiar with, and accept	the obligations of, section 607.0505, F	lorida Statutes.	ald I oblan	
SIGNATURE	Marver	Making M	AUVICE H.	NAhmad 7/9/77	<del></del>
12.	Signature, typed seprinted name of re	egistered agent and title if applicable. (CERS AND DIRECTORS	NOTE: Registered Agent signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE	PD	DELETE	1,1 TITLE	Change	Addition
NAME	NAHMAD, MAURICE	<del></del>	1.2 NAME		
STREET ADDRESS	9305 S.W. 142 ST	* 1	1,3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		1,4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE	Change	Addition
NAME		Cattle	. 2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change	Addition
NAME		<del>_</del>	4.2 NAME		
STREET ADDRESS	Ì		4.3 STREET ADDRESS		
CITY-ST-ZIP	ĺ		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
I					
STREET ADDRESS			6.3 STREET ADDRESS	f .	

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

305-271-6666