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

**FILED PROFIT** Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H09916 COLLETTA, WIDEROFF, KLEIN & ROSS, M.D.S. P.A. Principal Place of Business Mailing Address 1050 NW 15TH ST STE 216A 1050 NW 15TH ST STE 216A **BOCA RATON FL 33486 BOCA RATON FL 33486** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>06/27/1984</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2420026 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution П Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAVENDER, JOEL R. 507 SE 11 CT Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33316 83 City 84 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 chango was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE COLLETTA, JOSEPH A., M.D. NAME 1.2 NAME 1050 NW 15TH ST #216A STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CiTY-ST-ZiP DELETE Change Addition TITLE DS 2.1 TITLE WIDEROFF, JONATHAN, M.D. NAME 2.2 NAME 1050 NW 15TH ST #216A STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Addition KLEIN, MATTHEW, M.D. NAME 3.2 NAME 1050 NW 15TH ST #216A STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change ☐ Addition ROSS, ANDREW M.D. NAME 4. 2 NAME 1050 NW 15TH ST #216A STREET ADDRESS 4.3 STREET ADDRESS **BOCA RATON FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 supplich untal 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 of the vectory runt trustee empewered 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 dn an attachylight with an adoless.) officer or director of the corporation Block 12 or Block 13 if changed, or

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Addition

Change