

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 18 1998 8:00am
Secretary of State

DOCUMENT # H20645 (8)
1. Corporation Name
WAYNE D. REID, D.M.D., P.A.

Principal Place of Business	Mailing Address
925 INTRACOASTAL DRIVE FT. LAUDERDALE FL 33304 US	925 INTRACOASTAL DRIVE FT. LAUDERDALE FL 33304 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified		09/06/1984	
4. FEI Number	59-2442280	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent

REID, WAYNE D.
925 INTRACOASTAL DR
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	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. 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 reinstating.

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REID, WAYNE D. 925 INTRACOASTAL DR FT. LAUDERDALE FL <input type="checkbox"/> DELETE	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

1) **Confusion** **HT: 200** #

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CR2E034 (10/97)