

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H60175 (7)**

1. Corporation Name
BRUCE C. STEIN D.D.S., P.A.



Principal Place of Business
**1 SW 129TH AVE
STE 406
PEMBROKE PINES FL 33331
US**

Mailing Address
**1 SW 129TH AVE
STE 406
PEMBROKE FL 33021
US**

2. Principal Place of Business
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2a. Mailing Address
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**6982 SW 161 WAY
PEMBROKE PINES FL.
33331 U.S.**

3. Date first incorporated or qualified **06/04/1985**

3a. Date of Last Report **05/10/1995**

4. EIN Number **59-2549883**

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. 190.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**STEIN, BRUCE C.
16481 ONTARIO PL
DAVIE FL 33331**

81 Name **BRUCE C. STEIN**

82 Street Address (P.O. Box Number is Not Acceptable)
6982 SW 161 WAY

83

84 City **PEMBROKE PINES FL** 85 Zip Code **33331**

11. Pursuant to the provisions of Sections 607.0100 and 607.1505, 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. Thereby, accept the appointment as registered agent. I am familiar with and aware of the obligations of Section 607.0105, Florida Statutes.

SIGNATURE: *[Signature]*

3/20/96

12. OFFICERS AND DIRECTORS

12.1	DP	<input type="checkbox"/> DELETE
NAME	STEIN, BRUCE C.	
STREET ADDRESS	16481 ONTARIO PL	
CITY, ST, ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, BRUCE C.	
STREET ADDRESS	6982 SW 161 WAY	
CITY, ST, ZIP	PEMBROKE PINES FL. 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied in this filing is true, correct and complete, and that I am a resident of the State of Florida. I further certify that the information and data hereon were prepared or approved by me or under my direct supervision 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 registered office or both, and that the information required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 **95Y 680438J**

CR2E034 (12/95)