

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # H92737 (6)

1. Corporation Name

RONALD RUTH, D.D.S., P.A.



Principal Place of Business

Mailing Address

**900 SOUTH FEDERAL HIGHWAY
HOLLYWOOD FL 33020**

**900 SOUTH FEDERAL HIGHWAY
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified **01/03/1986** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-2617509** Applied For Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PESETSKY, WALTER S.
1367 NORTHEAST 162ND STREET
NORTH MIAMI BEACH FL 33162**

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 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **DP**
STREET ADDRESS **RUTH, RONALD**
CITY - ST - ZIP **900 SOUTH FEDERAL HIGHWAY
HOLLYWOOD FL 33020**

1.1 TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.2 NAME

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.3 STREET ADDRESS

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.2 NAME

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.3 STREET ADDRESS

SIGNATURE: *Ronald Ruth* **Ronald Ruth D.D.S.**

6-6-96

954-911-0321

CR2E034 (3/96)