

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

CORPORATION
ANNUAL REPORT

1995



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # H98221

(5)

95 MAY -1 AM 8:32

ALEX KOBB, D.D.S., P.A.

(DO NOT WRITE IN THIS SPACE)

% ALEX KOBB, D.D.S.
1557 E. HALLANDALE BEACH BLVD. #B-17
HALLANDALE FL 33009

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HALLANDALE FL 33009

3. Date Reported or Due	3a. Date of Last Report
02/06/1986	05/01/1994
4. Filer Number	Approved For
59-2631273	New Application
5. Certificate of Status Listed	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
7. This corporation has liability for enterprise tax under the Florida Statutes	☒ Yes ☐ No

2. Name and Address of Current Registered Agent	2a. Name and Address
21. Name and Address	26. Name and Address
22. Name and Address	27. Name and Address
23. Name and Address	28. Name and Address
24. Name and Address	29. Name and Address
25. Name and Address	30. Name and Address

9. Name and Address of Current Registered Agent

KOBB, ALEX, D.D.S.
1557 E. HALLANDALE BEACH BLVD, #B-17
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81. Name

82. Street Address of New Registered Agent

83. City

84. State

FL 85. Zip Code

11. This corporation has liability for enterprise tax under the Florida Statutes. The above listed corporation certifies the information for the purpose of forwarding the report to the Secretary of State. If the corporation is not a corporation, it is a partnership, limited liability company, or other entity, the above listed corporation certifies the information for the purpose of forwarding the report to the Secretary of State. If the corporation is not a corporation, it is a partnership, limited liability company, or other entity, the above listed corporation certifies the information for the purpose of forwarding the report to the Secretary of State.

12. FILER'S ADDRESS AND PHONE NUMBER

13. ADDRESS OF MAIN OFFICE AND PHONE NUMBER

12. FILER'S ADDRESS AND PHONE NUMBER	13. ADDRESS OF MAIN OFFICE AND PHONE NUMBER
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE
PHONE NUMBER	PHONE NUMBER
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE
PHONE NUMBER	PHONE NUMBER
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE
PHONE NUMBER	PHONE NUMBER
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE
PHONE NUMBER	PHONE NUMBER

REMITTED BY MAY 1

14. The filer hereby certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in the Florida Statutes. The filer certifies that the information included on this report is a supplemental annual report as required by the Florida Statutes and that the filer shall have this supplemental report filed with the Secretary of State. The filer certifies that the information included on this report is a supplemental annual report as required by the Florida Statutes and that the filer shall have this supplemental report filed with the Secretary of State.

SIGNATURE: *Alex Kobb, D.D.S.*
5/16/95 305-458-3300
ALEX KOBB, D.D.S.