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FILED
May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H98221

(5)

1. Corporation Name
ALEX KOBB, D.D.S., P.A.

Principal Place of Business

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

Mailing Address

% ALEX KOBB, D.D.S.
1557 E. HALLANDALE BEACH BLVD. #B-17
HALLANDALE FL 33009-4618

2. Principal Place of Business

21 4551 N. DIXIE HWY

Suite, Apt. #, etc.

22

City & State

23 BOCA RATON FL

Zip

24 33431-5029

Country

25 U.S.A.

26. Mailing Address

26 4551 N. DIXIE HWY

Suite, Apt. #, etc.

27

City & State

28 BOCA RATON FL

Zip

29 33431-5029

Country

30 U.S.A.

3. Date Incorporated or Qualified

02/06/1986

3a. Date of Last Report

04/30/1996

4. FEI Number

59-2631273

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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 (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

Alex Kobb, D.D.S.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

4/28/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KOBB, ALEX, D.D.S.
STREET ADDRESS 1557 E. HALLANDALE BCH BL
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby 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 supplemental 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 or the receiver or trustee empowered 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 in an attachment with an address.

SIGNATURE:

Alex Kobb, D.D.S.

4/28/97

561-442-8827

CR2E034 (9/96)