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

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 20 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J34181 (4)

1. Corporation Name
STEVEN R. ALMAN, D.M.D., P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~16049 NE 19 AVE~~<br>~~NORTH MIAMI BEACH FL 33162-0949~~ | ~~16049 NE 19 AVE~~<br>~~NORTH MIAMI BEACH FL 33162-0949~~ |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 09/22/1986 | 3a. Date of Last Report: 04/27/1994 |
| 4. FEI Number: 59-2745166 | ☐ Applied For ☐ Not Applicable |
| 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. 199.032, Florida Statutes ☐ Yes ☒ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 17064 W. Dixie Hwy | 26 17064 W. Dixie Hwy |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: No. Miami Beach Fl | 28 City & State: No. Miami Beach, Fl |
| 24 Zip: 33160-3243 25 Country: USA | 29 Zip: 33160-3243 30 Country: USA |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ~~ALMAN, STEVEN R.~~<br>~~16049 NE 19 AVE~~<br>~~NORTH MIAMI BEACH FL 33162~~ | 81 Name: MARTIN H. ALMAN<br>82 Street Address (P.O. Box Number is Not Acceptable): 17064 W. Dixie Hwy<br>83<br>84 City: No. Miami Beach FL 85 Zip Code: 33160-3243 |

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: Martin H Alman — 4/12/95
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 | ~~PST~~ | 11 TITLE | PSTD | ☒ Change ☐ Addition |
| NAME | ~~ALMAN, STEVEN R.~~ | 12 NAME | STEVEN R. ALMAN | |
| STREET ADDRESS | ~~16049 NE 19 AVE~~ | 13 STREET ADDRESS | 2499 W. GLADES ROAD | |
| CITY-ST-ZIP | ~~NORTH MIAMI BCH FL~~ | 14 CITY-ST-ZIP | BOCA RATON, FL | |
| TITLE | ~~D~~ | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | ~~ALMAN, STEVEN R.~~ | 22 NAME | | |
| STREET ADDRESS | ~~16049 NE 19 AVE~~ | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | ~~NORTH MIAMI BCH FL~~ | 24 CITY-ST-ZIP | | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, added or deleted) with an address.

SIGNATURE: [signature] — 4/15/95 — 407 368 2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STEVEN R ALMAN DMD P.A.

0176100 CP