FIL	E NOW: FILING	FEE AFTER MA	AY 1 IS	\$225 .	00			
СО	PROFIT CORPORATION ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State							
1996 DIVISION OF CORPORATIONS DOCUMENT # K24399								
K	OBERT E.SE	LZ, D.D.S.,	P.A.					
1	be of Business	Mailing Addres	2500E.6	HALLAN	BAIFBLVD			
2500 EAST HALLANDALE BEACHBLID HALLANDALE FIL. 33009 SUITE 700						3. Date Incorporated or Qualified	3a. Date of Las	
2. Principal F	Place of Business	2a. Mailing Ado	dress			7/01/88	3/23/	195
21 Suite Act	26					65-004847	77_ '	Applied For Not Applicable
22 Suite. Apr.	. #, etc.	Suite, Apt	#, etc.			5. Certificate of Status Desired		.75 Additional se Required
Crty & Sta	te - Tura v	City & State 28	2	Quantum .		Election Campaign Financing Trust Fund Contribution	□ \$5 Ac	.00 May Be
24	25 9. Name and Address of	Current Registered Asset	30]			□ No	rs 199.032,
Ro	BEOTE SELD	Men Megistered Agent		81	Name	10. Name and Address of New R	egistered Agent	
- 2500EAST HALLANDALEBEACH BLVD 82 Street Address (P.O. Box Number is Not Acceptable)								
HE	ROBERTE SELZ DDS 81 Nam 2500EAST HALLANDALEBEACH BLVD 82 Stree HALLANDALE, FL. 33609 83					THE BOX NO TIDER IS NOT Acceptab	le)	
, ") (1. 7500 /		\vdash				
11 Pursuant to the provision of 9							FI 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 familiar with, and accept the obligations of, Section 607,0505, Florida Statutes								s registered office
SIGNATURE			Statutes			y	and as register	ed agent. I am
12.	Signature, typed or printed name of register OFFICER	ed agent and tice if applicable RS AND DIRECTORS	(NOTE: Regi	stered Agent se	prature required wh	en recostating:	DATE	
TITLE NAME				13.		ADDITIONS/CHANGES TO OFFI	DERS AND DIREC Chang	
STREET ADDRESS	RESIDENT DOS ROBERT ESELZ, DDS 2500 E. HALLANDALE BEACH BLVD		2008	1.2 NAME			ET cutality	e Add tion
CHY-ST-ZIP	HALLANDALE, FL 33009			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				F03
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TITLE NAME		☐ DFLE		1 THILE		05/06/960100	3-105 Change	Addition
STREET ADDRESS			6.2	NAME		***200.00	Change	Addition
CITY-ST-ZIP			E .	STREET ADDR			- S[1]	16
14. I do hereby certify that the	certify that the information supp he information indicated on this	lied with this filing is voluntar annual report or surpak med	ily furnished an	d does not	qualify for the	exemption stated in Section 119 07	31(k) Florida Status	too I fiyeha
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)(k). Florida Statutes. I further eath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name								
SIGNATU	JHE: VOTELL SIGNATURE AND TYPE	ED OR PRINTED WAVE OF SIGNING	FFICER OR DIRE	TE S	ELZ, D	DS, 4/23/96	954-450	6-5400