FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

18) 99			02-18-1999 90096 039 ***150.	00	
DOCUM	ENT # K31	945				;
 Corporation N 	ame					
IRVING SHUGAR D.D.S., P.A.				I KARANTA OKA KINDI KIRKA IBIN UKIDI UKI UKI UKI I	ALK BARAT DIRAK BARIK BA	1811 1991
		Na Way Address		# 100/01/2 200 3/20) Italia (ditt ologa arm ologi ar	III Grove Grove	
Principal Place o	f Business	Mailing Address				
407 LINCOLN RD 407 LINCOLN RD. 11G MIAMI BEACH FL 33139		407 LINCOLN RD 407 LINCOLN RD. 11G		DO NOT WRITE IN THIS SPACE		
		MIAMI BEACH FL 33139		3. Date Incorporated or Qualifed		
MIAMI BEACH FL.	33139	US		08/29/1988	·	
US				4. FEI Number	Applied	
2. Principal Plac	ce of Business	2a. Mailing Address		65-0070357		plicable
21		26 Suite Apt # etc	26 Suite, Apt. #, etc.		\$8.75 Addit	
Suite, Apt. #,	etc.		•	5. Certificate of Status Desired		
22		City & State		6. Election Campaign Financing	\$5.00 May Added to Fe	
City & State		28		Trust Fund Contribution		
Zip Country		Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.		
Zip	25	29	<u> </u>	10. Name and Address of New Registered	Agent	
24	9. Name and Address	of Current Registered Agent	81 Name			
			1 = .1	dress (P.O. Box Number is Not Acceptable)		
SHUC	GAR, IRVING DDS		82 Street Add	iress (P.O. Box Number is Not Accept		
407 LINCOLN RD. 11G			83			
MIAMI BEACH FL 33139					85 Zip Coo	de
	`		84 City	FI FI	4	gistered
		607 0503 and 607 1508 Florida Statutes	, the above-named co	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appr	ointment as regis	itered
11. Pursuant t	to the provisions of Section and the provisions of Section in the contract of	n the State of Florida. Such change was aut	horized by the corpora la Statutes	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appropriate the purpose of		Ì
agent. I ar	m familiar with, and accep	t the obligations of, Section 607.5555, French		DATE		
SIGNATURE	and as printed pame 0	f registered agent and title if applicable. (NOTE: F	tegistered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12
12.	OF	FICERS AND DIRECTORS	13.	ADDITIONO, UNICE	☐ Change	Addition
TITLE	<u>n</u>	☐ DELETE	1.1 DTLE			
NAME	\$HUGAR, IRVING DI	OS .	1.2 NAME] }
STREET ADDRESS	407 LINCOLN RD. 1	1G	1.3 STREET ADDRESS	,		}
CITY-ST-ZIP	MIAMI BEACH FL	T) DELETE	1.4 CITY-ST-ZIP		Change	Addition
TITLE		[] DECE IE	2.2 NAME			
NAME	\		2.3 STREET ADDRESS		-	-
STREET ADDRESS			2.4 CITY-ST-ZIP		Change	Addition
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NAME			3.3 STREET ADDRESS		•	}
STREET ADDRESS	s)		3.4. CITY-ST-ZIP		Change	☐ Addition
CITY-ST-ZIP	 	☐ DELETE	4.1 TITLE		_ ,	Ì
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NAME			4.3 STREET ADORESS		-	
STREET ADDRES	S		4.4 CITY-ST-ZIP		Change	Addition
CITY-ST-ZIP	 	☐ DELETE	5.1 TITLE		•	
NAME			5.2 NAME 5.3 STREET ADDRESS	-		}
STREET ADDRES	SS		5.3 STREET ADDRESS			
CITY-ST-ZIP		C DESETE	6.1 TITLE		☐ Change	Addition
TITLE	1	☐ DELETE	6.2 NAME			
NAME			6.3 STREET ADDRESS			1
STREET ADDRE	ss		6.4 CITY+ST-ZIP			information
	1			d in Section 119 07(3)(i) Florida Statutes. I furthe	r certify that the	IIIOIIIIalioii

CITY-ST-ZIP

14. I hereby dertify 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 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 comporation 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR