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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11: 15

DOCUMENT # K55016 (5)

1. Corporation Name
MARTINEZ, SADOWSKY, ZUNIGA, TUCHMAN AND BROWN, M .D.S, P.A.

Principal Place of Business	Mailing Address
5205 GREENWOOD AVE. STE 200 WEST PALM BEACH FL 33407	5205 GREENWOOD AVE. STE 200 WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3365 Burns Rd.	26 3365 Burns Rd
22 Suite, Apt. #, etc. Ste 206	27 Suite, Apt. #, etc. Ste 206
23 City & State Palm Beach Gardens, Fl	28 City & State Palm Beach Gardens, Fl
24 Zip 33410 25 Country USA	29 Zip 33410 30 Country USA

3. Date Incorporated or Qualified: 12/30/1988
3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0090420 ☐ 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

9. Name and Address of Current Registered Agent

BROWN, JEFFREY B.
5205 GREENWOOD AVE
SUITE 200
WEST PALM BEACH FL 33470

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 ______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	MARTINEZ, WALTER
STREET ADDRESS	5205 CRRNWOOD AVE, 200
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	V
NAME	SADOWSKY, CARL
STREET ADDRESS	5205 GREENWOOD AVE, 200
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	S
NAME	NUNEZ, SONIA
STREET ADDRESS	3365 BURNS RD S206
CITY-ST-ZIP	W PALM BCH FL
TITLE	T
NAME	BROWN, JEFFREY B.
STREET ADDRESS	3365 BURNS RD #200
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	P
NAME	TUCHMAN, MICHAEL M.
STREET ADDRESS	3365 BURNS RD #206
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	S
NAME	CASTELLANOS, AGUSTIN M
STREET ADDRESS	3365 BURNS ROAD, #200
CITY-ST-ZIP	PALM BEACH GARDENS FL

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 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, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/7/95 DATE 407 694 1010 DAYTIME PHONE

0240300 CP