

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K64404** (2)

1. Corporation Name
CHIRODENT, INC.



Principal Place of Business
**5810 SOUTH FLAMINGO ROAD
COOPER CITY FL 33330**

Mailing Address
**5810 SOUTH FLAMINGO ROAD
COOPER CITY FL 33330**

2. Principal Place of Business	2a. Mailing Address
21	26 2735 Hackney Rd
22 Suite, Apt. #, etc.	27 Ft Laud, Fla 33331
23 City & State	28 Ft laud Fla
24 Zip	29 33331
25 Country	30 U.S.A

3. Date Incorporated or Qualified 02/09/1989	3a. Date of Last Report 04/19/1995
4. FET Number 65-0106501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**POSTAL, JEFFREY J.
5810 FLAMINGO ROAD
COOPER CITY FL 33330**

10. Name and Address of New Registered Agent

81 Name JEFF Postal
82 Street Address (P.O. Box Number is Not Acceptable)
83 2735 Hackney Rd
84 City Ft Lauderdale
85 Zip Code FL 33331

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 **Dr. Jeffrey Postal**

Signature, typed or printed name of registered agent and title if applicable

Dr. Jeff Postal

(NOTE: Registered agent signature must be witnessed with corporation stamp)

3/20/96

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PVD
STREET ADDRESS	POSTAL, JEFFREY J.
CITY-ST-ZIP	5310 S. FLAMINGO RD. COOPER CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	TSD
STREET ADDRESS	ARNOFF, KENNETH L.
CITY-ST-ZIP	5810 S. FLAMINGO RD. COOPER CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: **Dr. Jeffrey Postal**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 **305 384 0324**
DATE Daytime Phone #

CR2E034 (12/95)