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PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

K81813

(3)

1. Corporation Name YVONNE A. DI PIERRO, D.D.S., P.A. Principal Place of Business Mailing Address						
Principal Place of Business Mailing Address 3500 NORTH STATE ROAD 7 SUITE 150 4320 WEST BROWARD BLVD. STE. 5 LAUDERDALE LAKES FL 33319 Mailing Address 3500 NORTH STATE ROAD 7 SUITE 150 4320 WEST BROWARD BLVD. STE. 5 LAUDERDALE LAKES FL 33319						
ENOUGHDALE ENACO TE SOSTO		PHOREURATE DAVES LE 22019		3. Date Incorporated or Qualified 3a. Date of 04/19/1989 04/		Report 995
2. Principal Pla	nce of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apl. r		26 Suite, Apt, #, etc.		65-0114251		Not Applicable
2	·, Oto.	27		5. Certificate of Status Desired	1 1 1 1 1 1	75 Additional e Required
Oily & State	· · · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing	\$5.	00 May Be
<u>3 </u>	···	28		Trust Fund Contribution		ded to Fees
- Ζφ •1	Country	7/p	Country	8. This corporation has liability for i		s 199.032,
·	9. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes Y Yes 10. Name and Address of New R	No Registered Agent	
		-	81 Name	10. 1101110 0110 7100 01 11011 11	iogistoreo Agent	
DIPIERR	o, yvonne		82 Street Add	ress (P.O. Box Number is Not Acceptab	\a\	
	STATE ROAD 7 (441) SUITE	150	Street Add	ress (F.O. Box Number is Not Acceptable	ne)	
STE. 5			83			
LAUDER	DALE LAKES FL 33319		84 City		85	Zıp Code
					FLII	,
or registere	o the provisions of Sections 607,050 ad agent, or both, in the State of Fic	02 and 607.1508, Florida Statu orida. Such change was authori	ites, the above-named corpolized by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	rpose of changing its ointment as registers	s registered office ed agent. I am
fæmiliar wit	h, and accept the obligations of, Se	ction 607.0505, Florida Statute	S.		ominan da regiotali	od agomi i am
SIGNATURE _	Styliative ityped or printed name of registered age					
	addition, are, thinks for building tripped to tertial sates? 9.9	nd and title if applicable (N	OTF Bugistered Agont signature require	vi wher: rainstalingt	DATE	
		nd and little if applicable (ND DIRECTORS	OTE Registered Agent signature require 13.		DATE TOERS AND DIRECT	IORS IN 12
2.	OFFICERS A			ki when reinstatingt ADDITIONS/CHANGES TO OFFI		<u></u>
il 2. iluf	OFFICERS A D DI PIERRO, YVONNE A.	ND DIRECTORS	13.		ICERS AND DIRECT	<u></u>
I 2. IILE IAME	OFFICERS A D DI PIERRO, YVONNE A. 3500 N SR 7 STE. 150	ND DIRECTORS	13. 1 1 TITLE		ICERS AND DIRECT	<u></u>
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SIGNATURE:

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(954) 735-3326