

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 17 PH 1:32

**DOCUMENT # K86234 (7)**

1. Corporation Name

**JEFFREY S. MERAL, D.D.S., P.A.**

Principal Place of Business

8903 W. OAKLAND PK. BLVD.  
SUNRISE FL 33351

Mailing Address

8903 W. OAKLAND PK. BLVD.  
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/08/1989**  
3a. Date of Last Report: **06/10/1994**

4. FEI Number: **65-0132587**  
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. 199.022, Florida Statutes:  Yes  No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc

22

Suite, Apt. #, etc

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MERAL, JEFFREY S., DDS PA  
8903 W. OAKLAND PK. BLVD.  
SUNRISE FL 33351**

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 of the current registered agent and the filer)

(Date Registered Agent Signature (must also register))

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

**PST  
MERAL, JEFFREY S.  
8903 W OAKLAND PARK BLVD  
SUNRISE FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

21

22 TITLE  
23 NAME  
24 STREET ADDRESS  
25 CITY, ST, ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

31

32 TITLE  
33 NAME  
34 STREET ADDRESS  
35 CITY, ST, ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

41

42 TITLE  
43 NAME  
44 STREET ADDRESS  
45 CITY, ST, ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

51

52 TITLE  
53 NAME  
54 STREET ADDRESS  
55 CITY, ST, ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

61

62 TITLE  
63 NAME  
64 STREET ADDRESS  
65 CITY, ST, ZIP

Change  Addition

14. I, the filer, certify that the information required with this filing is substantially true and correct and that I am not a director or officer of the corporation. I further certify that the information required 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. I am an officer or director of the corporation or the receiver or liquidator appointed to receive the report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

*1/9/95*

*315-745-9200*