

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

**APPROVED AND FILED**

**95 APR 19 PH11: 34**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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

**DOCUMENT # K87512 (5)**

1. Corporation Name  
**GARY D. PERLMAN, D.D.S., P.A.**

Principal Place of Business  
**4131 UNIVERSITY BLVD SOUTH JACKSONVILLE FL 32216**

Mailing Address  
**4131 UNIVERSITY BLVD SOUTH JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
21 **3990 San Jose Park Dr**

2a. Mailing Address  
26 **3990 San Jose Park Dr**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
**JACKSONVILLE FL**

28 City & State  
**JACKSONVILLE FL**

24 Zip  
**32217**

25 Country  
**USA**

29 Zip  
**32217**

30 Country  
**USA**

3. Date Incorporated or Qualified  
**05/11/1989**

3a. Date of Last Report  
**04/15/1994**

4. FEI Number  
**59-2944595**

Applied For  
 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

**BOOTH EDGAR C.  
EDGAR C. BOOTH & ASSOCIATES P.A.  
324 E. VIRGINIA ST.  
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent

81 Name  
**Lewis Ansbacher Ansbacher & Schneider, PA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**Suite 100, National Granular Bldg / Boulevard**

83

84 City  
**JACKSONVILLE FL**

85 Zip Code  
**32216**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERLMAN, GARY D.</b>	1.2 NAME	
STREET ADDRESS	<b>4131 UNIVERSITY BLVD - 6.</b>	1.3 STREET ADDRESS	<b>3990 San Jose Park Dr</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VPS</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERLMAN, NANCY</b>	2.2 NAME	
STREET ADDRESS	<b>4131 UNIVERSITY BLVD S</b>	2.3 STREET ADDRESS	<b>3990 San Jose Park Dr</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Gary D. Perlman Gary D. Perlman 4-13-95 904-731-1324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #