## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT

Jan 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** L18665 (4)SUZANNE ABERGEL, D.D.S., P.A. Principal Place of Business Mailing Address 8780 S.W. 92ND STREET 8780 S.W. 92ND STREET SUITE 103 SUITE 103 DO NOT WRITE IN THIS SPACE MIAMI FL 33176 MIAMI FL 33176 3. Date Incorporated or Qualified 09/25/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0155240 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Žip Country 8. This corporation owes or has paid the cutont year intangible Zip 24 29 Personal Property Tax due June 30. 🔼 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ABERGEL, SUZANNE, D.D.S., P.A. 8780 S.W. 92ND STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 103 83 THE STREET MIAMI FL 33143 Zip Code 85 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 ≟° DAT Signature, typed or printed name of registered agent and title if applicable 202 **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TILE 1.1 TITLE Change Addition ABERGEL, SUZANNE 1.2 NAME NAME CR2E034 8780 S.W. 92ND STREET STE. 103 STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change TITLE DELETÉ 6.1 TITLE Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-71P 14. I hereby certify that the information supplied with this filing 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.

**FILED**