**PROFIT CORPORATION** ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # L18665



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90185 045 \*\*\*150.00

SUZANNE ABERGEL, D.D.S., P.A.			
Principal Place of Business Mailing Address			T CONTRACT BOT TIBOT COLOR OFFICE OFFICE STATE OFFICE OFFI
8780 S.W. 92ND STREET 8780 S.W. 92ND STREET SUITE 103 SUITE 103			
MIAMI FL 33176	MIAMI FL 33176		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
	,	•	3. Date incorporated or Qualified 09/25/1989
2. Principal Place of Business	2a. Mailing Address		4, FEI Number Applied For
21	26		65-0155240 Not Applicate
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·	_ \$8.75 Additional
22	27		5, Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip Country 24 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registered Agent
ABERGEL, SUZANNE, D.D.S., P.A. 8780 S.W. 92ND STREET SUITE 103			ess (P.O. Box Number is Not Acceptable)
MIAMI FL 33143	i.	83	
MILANI I E 00 140		84 City	FL 85 Zip Code
agent. I am familiar with, and accept the obl SIGNATURE Signature, typed or printed name of registered in	igations of, Section 607.0505, Flor		on's board of directors. I hereby accept the appointment as registered
	AND DIRECTORS	T 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE PD	☐ DELETE	1,1 TITLE	☐ Change ☐ Addi
NAME ABERGEL, SUZANNE	,	1.2 NAME	
STREET ADDRESS 8780 S.W. 92ND STREET ST	E. 103	1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33176	<u> </u>	1.4 CITY-ST-ZIP	
TITLE .*	☐ DELETE	2.1 TITLE	☐ Change ☐ Addit
NAME		2.2 NAME	
STREET ADDRESS	,	2.3 STREET ADDRESS	
CITY-ST-ZIP	O DEL CITE	2.4 CITY-ST-ZIP	☐ Change ☐ Addit
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addit
NAME	•	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addit
NAME	<u></u>	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	•	4.4 CITY-ST-ZIP	
TIME .	☐ DELETE	5.1 TITLE	☐ Change ☐ Addit
NAME		5.2 NAME	_ ,
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	

CITY-ST-ZIP 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNAT≪ SIGNATURE AND TYPED OR PRINTED NAME

DELETE

☐ Change

Addition