

5-15 98 B7430 c
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # L65187 (1)
 1. Corporation Name
ORAL SURGERY ASSOCIATES, CHARTERED



DO NOT WRITE IN THIS SPACE.

Principal Place of Business
3695 BOYNTON BEACH BLVD SUITE 5 BOYNTON BEACH FL 33436

Mailing Address
3695 BOYNTON BEACH BLVD SUITE 5 BOYNTON BEACH FL 33436

3. Date Incorporated or Qualified
04/10/1990

4. FEI Number
65-0187691

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent
**GREENBERG, JEFF ESQ.
 C/O GREENBERG & VAZQUEZ
 5550 GLADES ROAD, SUITE 401
 BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name
Greenberg & Schilian PA

82 Street Address (P.O. Box Number is Not Acceptable)
1098 NW Boca Raton Blvd

83 Suite 1

84 City
**Boca Raton FL 85 Zip Code
 33432**

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]* Pres. DATE: **4/30/98**

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE

NAME: **FUHR, ALLAN H. DDS**

STREET ADDRESS: **3695 BOYNTON BCH BLVD #5**

CITY-ST-ZIP: **BOYNTON BEACH FL**

TITLE: DELETE

NAME: DELETE

STREET ADDRESS: DELETE

CITY-ST-ZIP: DELETE

TITLE: DELETE

NAME: DELETE

STREET ADDRESS: DELETE

CITY-ST-ZIP: DELETE

TITLE: DELETE

NAME: DELETE

STREET ADDRESS: DELETE

CITY-ST-ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: *[Signature]* **4/28/98** (601)344-1321

CR2E034 (10/97)