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**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # LCE407



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90217 020 \*\*\*150.00

1. Corporation	n Name					
ORAL SI	urgery associates, ch	IARTERED		-		
Principal Place	o of Business	Mailing Address		1 14011031 BID 03101 03104 11401 10114 1084 014		laif aifil (#Ji
•		-				
3695 BOYNTON BEACH BLVD 3695 BOYNTON BEACH BLVD SUITE 5			ע			
BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 04/10/1990		
2 Principal D	lace of Business	2a. Mailing Address		4. FEI Number	Apr	plied For
21 Philiopai 1	lace of Dusiness	26		65-0187691		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 A	dditional
22	,	27		5. Certificate of Status Desired	Fee Re	quired
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25		<u>                                     </u>	Personal Property Tax.		□N0
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	ad Agent	<del></del>
GRE	ENBERG, SCHILIAN PA		81   Name Je	effrey L. Greenberg	1 859,01	re
	NW BOCA RATON BLVD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	é n	1
STE 1			83	enberg + Schillan,	<u> </u>	
	A RATON FL 33432		1761	W. Ytillsboro Blud.	, SU176,	201
			84 City	C: 11 Rose 1	85 Zip C	
44 5	to the provinces of Sections 507 05	02 and 607 1508. Florida Statutos	the above named corr	poration submits this statement for the purpose	of changing its	registered
office or r	registered agent, or both in the state	e of Florida. Such change was aut	horized by the corporation	on's board of directors. I hereby accept the ap	pointment as reg	gistered
l acentla	im familier with, and accept/the obliga	ations/At Section 607 0505 "Floric	la Statutes.		2	,
agon., ra	I All & VALLE	I FF-	, ,,	,	2/22	lan
SIGNATURE	Will Exul	1 Jettre	4 L. Green	nberg	3/23	199
SIGNATURE	Signature, hyped cylorinated memory registered age	1 Jettre	4 L. Gree	nberg	3/23	199
	Signature, hyped cylorinated memory registered age	ent and title if applicable. (NOTE: R	ted stered Agent signature require	ed when reinstally) DATE	3/23	199
SIGNATURE	Signally o, typed or printed remove registered age	ent and title if applicable. (NOTE: R	tegistered Agent signature require	ed when reinstally) DATE	3/23	199 PRS IN 12
SIGNATURE  12.  TITLE	Signatus, typica originated internal registered ego OFFICERS AI  D FUHR, ALLAN H. DDS 3695 BOYNTON BCH BLVD #	ent and the if applicable. (NOTE: R) ND DIRECTORS	tedistered Agent signature require  13. 1.1 TITLE	ed when reinstally) DATE	3/23	199 PRS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, by plat or principal internal or	on and the if applicable. (NOTE: R) ND DIRECTORS  DELETE	tegstered Agent signature require  13.  1.1 TITLE  1.2 NAME	ed when reinstally) DATE	AND DIRECTO	RS IN 12
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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.

SIGNATURE: