

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L76007 (8)

1. Corporation Name

SIDNEY MARTIN, DDS, P.A.



Principal Place of Business

4100 S. HOSPITAL DR.  
SUITE 106  
PLANTATION FL 33317  
US

Mailing Address

4100 S. HOSPITAL DR.  
SUITE 106  
PLANTATION FL 33317  
US

2. Principal Place of Business

21 4141 NW 5TH STREET

Suite, Apt. #, etc.

22 SUITE 102

City & State

23 PLANTATION FL 33317

Zip

24 FL 33317

Country

25 US

2a. Mailing Address

26 4141 NW 5TH STREET

Suite, Apt. #, etc.

27 SUITE 102

City & State

28 PLANTATION

Zip

29 FL 33317

Country

30 US

3. Date Incorporated or Qualified

05/23/1990

3a. Date of Last Report

08/15/1995

4. FET Number

65-0214958

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

MARTIN, SIDNEY S.F., DDS PA  
4100 HOSPITAL DR #100  
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4141 NW 5TH STREET

83 P.

84 City

PLANTATION

FL

85 Zip Code

33317

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT  
NAME MARTIN, SIDNEY S.F., DDS  
STREET ADDRESS 4100 S HOSPITAL DR, #106  
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE S  
NAME MARTIN, SIDNEY S.F., DDS  
STREET ADDRESS 4100 S HOSPITAL DR. #106  
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIDNEY S MARTIN DDS PA

Date

4 30 96

Daytime Phone #

954 7911220

CR2E034 (12/95)