CO	E NOW: FILING PROFIT RPORATION UAL REPORT 1996		FLORIDA DEPA Sandra Secret	ARTMENT OF STATE. B. Mortham ary of State CORPORATIONS			
DOCU	MENT # L76	6007	(8)				
1. Corporation	on Name EY MARTIN, DDS, P.A		( - /				
OIDIN	CT MATTIN, DDG, FA	<b>1.</b>			1 18611341 871 1884 8141 8011		
Principal Plac	e of Business	Maling	Address			COM MALEMAN III	
SUITE 106	DSPITAL DR.	SUITI	s. Hospital dr E 106	1			
US	N FL 33317	PLAN US	ITATION FL 33317	1	3. Date Incorporated or Qualifi 05/23/1990		of Last Report 3/15/1995
	Place of Business 41 NW 57115		ing Address	STHETRECT	4, FEI Number	<u>_</u>	Applied For
Suite, Apt	.#, etc.	TREET 26 41	e, Apt. #, etc.		65-0214958		Not Applicable \$8.75 Additional
City & Sta	SUITE 102	[27]	SUITE & State	102	5. Certificate of Status Desired		Fee Required
3 VL	ANTATION FL	333/7 28	PLANT	ATION	<ol><li>Election Campaign Financin Trust Fund Contribution</li></ol>	g []	\$5.00 May Be Added to Fees
Zip F	333/7 25 Country	S 29 Zip	FL 23317	Country	This corporation has liability     Florida Statutes	for intangible tax Yes \[ \] No	k under s. 199.032,
	g. Name and Address of		Agent		10. Name and Address of Ne	E	lgent
MADTI	N, SIDNEY S.F., DDS PA			81 Name			
	N, SIDNET S.F., DDS PA NOSPITAL DR #100			82 Street Add	iress (P.O. Box Number is Not Acce	otable)	
1.00 (	IOSTIME ON WIND			41	41 NW SHESTER	7	
	ATION FL 33317			$\frac{41}{\rho}$	41 NW SMSTRE	FE 7	
				83 P	4/ NW SMSTRE	<del>E</del> 7	85 Zip Code
PLANT	ATION FL 33317  to the provisions of Sections 6			83 P.  84 City P.  ss, the above named corpo	LANTATION	FL	3 3 3 3 7
PLANT  11. Pursuant or registor	ATION FL 33317			83 P.  84 City P.  ss, the above named corpo	ANTATION	FL	
PLANT	ATION FL 33317  to the provisions of Sections 6 red agont, or both, in the State ith, and accept the obligations  Signature typical or probat name of regist	of, Section 607,0505,	igo was aumonze , Florida Statutos. , (Not	83 P.  84 City P.  ss, the above named corpo	ANTATION  ration submits this statement for the ard of directors. I hereby accept the a	FL	
PLANT  11. Pursuant or registe familiar w SIGNATURE	ATION FL 33317  to the provisions of Sections 6 red agont, or both, in the State ith, and accept the obligations  Signature typical or probat name of regist  OF FICE	of, Section 607,0505,	igo was attiriorize Florida Statutes. I (NO)	83 P. 84 City P. 25, the above-named corporate by the corporation's boat in Fegivered Agent's greature requirements.  13.	ANTATION  ration submits this statement for the ard of directors. I hereby accept the a	FL purpose of char appointment as r	iging its registered office registered agent. I am
PLANT  11. Pursuant or registe familiar w. SIGNATURE  12.	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State of the obligations.  Signature transfer or printed name of reals OF HCE	of, Section 607,0505, breed agent and title it ajudest-	igo was aumonze , Florida Statutos. , (Not	83 P. 84 City 2 ss, the above-named corporate by the corporation's box fit. Pagistered Agent signature requirements 13. 1.1 THUE	ANTATION  and of directors. I hereby accept the analysis was resisting.	FL purpose of char appointment as r	iging its registered office registered agent. I am
PLANT  11. Pursuant or registe familiar w. SIGNATURE  12. TILLE	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State of the obligations  Signature track or printed name of registropy  OFFICE  DPT  MARTIN, SIDNEY S.F.	of, Section 607,0505, total against and title if a judget FRS AND DIRFCTORS	igo was attiriorize Florida Statutes. I (NO)	83 P. 84 City 2 25, the above-named corporation's box 61 Registered Agent signature requir 13. 1.1 THUE 12 NAME	ANTATION  and of directors. I hereby accept the analysis was resisting.	FL purpose of char appointment as r	nging its registered office registered agent. I am DIRECTORS IN 12
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. TITLE  NAME  STREET ADDRESS	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State of the obligations.  Signature transfer or printed name of reals OF HCE	of, Section 607,0505, total against and title if a judget FRS AND DIRFCTORS	igo was attiriorize Florida Statutes. I (NO)	83 P. 84 City 2 ss, the above-named corporate by the corporation's box fit. Pagistered Agent signature requirements 13. 1.1 THUE	ANTATION  and of directors. I hereby accept the analysis was resisting.	FL purpose of char appointment as r	nging its registered office registered agent. I am DIRECTORS IN 12
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. HITLE NAME STREEL ADDRESS CITY-ST-ZIP	ATION FL 33317  to the provisions of Sections 6 red agont, or both, in the State ath, and accept the obligations  Signature typic or printed name of regist  OFF ICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL	of, Section 607,0505, trood agent and filled a sector FRS AND DIRECTORS , DDS , #106	igo was attiriorize Florida Statutes. I (NO)	83 P.  84 City // 25s, the above-named corporation's booked by the corporation's booked by the corporation's projective requirements of the second se	ANTATION  and of directors. I hereby accept the analysis was resisting.	FL purpose of char appointment as r	nging its registered office registered agent. I am DIRECTORS IN 12
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. HITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ATION FL 33317  to the provisions of Sections 6 red agont, or both, in the State ath, and accept the obligations  Signature typed or printed name of regist  OFFICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL  S  MARTIN, SIDNEY S.F., MARTIN, SIDNEY S.F.,	of, Section 607.0505, trool against and filled a subset. FRS AND DIRECTORS  , DDS  , #106	Florida Statutos.  k (NO)  S	83 P.  84 City // 25s, the above-named corporation's box  11. Registered Agent signature requir  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 City -/ 25.	ANTATION  and of directors. I hereby accept the analysis was resisting.	FL purpose of char appointment as r	nging its registered office registered agent. I am DIFIECTORS IN 12 J Change [] Addition
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. THE NAME. STREET ADDRESS CITY-ST-ZIP THE NAME. STREET ADDRESS.	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State atth, and accept the obligations  Signature typical or printed name of regist  OFFICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL  S  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR	of, Section 607.0505, trool against and filled a subset. FRS AND DIRECTORS  , DDS  , #106	Florida Statutos.  k (NO)  S	83 P.  84 City //  25, the above-named corporation's box  11- Registeral Agent signature regulation  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	ANTATION  ration submits this statement for the and of directors. I hereby accept the and work renstrings.	FL purpose of char appointment as r	nging its registered office registered agent. I am DIFIECTORS IN 12 J Change [] Addition
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. HITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP.	ATION FL 33317  to the provisions of Sections 6 red agont, or both, in the State ath, and accept the obligations  Signature typed or printed name of regist  OFFICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL  S  MARTIN, SIDNEY S.F., MARTIN, SIDNEY S.F.,	of, Section 607.0505, trool against and filled a subset. FRS AND DIRECTORS  , DDS  , #106	Elorida Statulos.  Regional Statulos  Regional Stat	83 P.  84 City //  25s, the above-named corporation's box  11 - Registered Agent sgreature regular  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	ANTATION  ration submits this statement for the and of directors. I hereby accept the and work renstrings.	FL purpose of char appointment as r  DATE OFFICERS AND	nging its registered office registered agent. I am  DIFIECTORS IN 12  Change Addition  Change Addition
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. THE NAME. STREET ADDRESS OITY-ST-ZIP THE STREET ADDRESS OITY-ST-ZIP THE	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State atth, and accept the obligations  Signature typical or printed name of regist  OFFICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL  S  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR	of, Section 607.0505, trool against and filled a subset. FRS AND DIRECTORS  , DDS  , #106	Florida Statutos.  k (NO)  S	83 P.  84 City //  85, the above-named corporation's box  11 Projected Agent signature regulation  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE	ANTATION  ration submits this statement for the and of directors. I hereby accept the and work renstrings.	FL purpose of char appointment as r  DATE OFFICERS AND	nging its registered office registered agent. I am DIFIECTORS IN 12 J Change [] Addition
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State atth, and accept the obligations  Signature typical or printed name of regist  OFFICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL  S  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR	of, Section 607.0505, trool against and filled a subset. FRS AND DIRECTORS  , DDS  , #106	Elorida Statulos.  Regional Statulos  Regional Stat	83 P.  84 City  25, the above-named corporation's box  11 Projected Agent sgreene required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-SI-ZiP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 City-SI-ZiP 3.1 TITLE 3.2 NAME	ANTATION  ration submits this statement for the and of directors. I hereby accept the and work renstrings.	FL purpose of char appointment as r  DATE OFFICERS AND	nging its registered office registered agent. I am  DIFIECTORS IN 12  Change Addition  Change Addition
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State atth, and accept the obligations  Signature typical or printed name of regist  OFFICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL  S  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR	of, Section 607.0505, trool against and filled a subset. FRS AND DIRECTORS  , DDS  , #106	Elorida Statulos.  Regional Statulos  Regional Stat	83 P.  84 City //  85, the above-named corporation's box  11 Projected Agent signature regulation  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE	ANTATION  ration submits this statement for the and of directors. I hereby accept the and work renstrings.	FL purpose of char appointment as r  DATE OFFICERS AND	nging its registered office registered agent. I am  DIFIECTORS IN 12  Change Addition  Change Addition
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State atth, and accept the obligations  Signature typical or printed name of regist  OFFICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL  S  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR	of, Section 607.0505, trool against and filled a subset. FRS AND DIRECTORS  , DDS  , #106	Elorida Statulos.  Regional Statulos  Regional Stat	83 P.  84 City  25, the above-named corporation's box  11 Figure 1 Agent signature required  13.  1.1 THE 12 NAME 1.3 STREET ADDRESS 14 CITY - ST - ZIP 2 1 THE 22 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS	ANTATION  ration submits this statement for the and of directors. I hereby accept the and work renstrings.	FL purpose of char appointment as r  DATE  OFFICE RS AND	nging its registered office registered agent. I am  DIFIECTORS IN 12  Change Addition  Change Addition
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. TITLE  NAME  STREEL ADDRESS  CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME  NAME  NAME	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State atth, and accept the obligations  Signature typical or printed name of regist  OFFICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL  S  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR	of, Section 607.0505, trool against and filled a subset. FRS AND DIRECTORS  , DDS  , #106	Elorida Statulos.  I INÓI  DELFIE  DELETE	83 P.  84 City  25, the above-named corporation's book  11 Projected Agent squatter require  13.  1.1 THE  1.2 NAME  1.3 STREET ADDRESS  1.4 City-SI-ZiP  2.1 THE  2.2 NAME  2.3 STREET ADDRESS  2.4 City-SI-ZiP  3.1 THE  3.2 NAME  3.3 STREET ADDRESS  3.4 City-SI-ZiP	ANTATION  ration submits this statement for the and of directors. I hereby accept the and work renstrings.	FL purpose of char appointment as r  DATE  OFFICE RS AND	nging its registered office registered agent. I am  DIFIECTORS IN 12  Change Addition  Change Addition
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS SIREET ADDRESS STREET ADDRESS	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State atth, and accept the obligations  Signature typical or printed name of regist  OFFICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL  S  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR	of, Section 607.0505, trool against and filled a subset. FRS AND DIRECTORS  , DDS  , #106	Elorida Statulos.  I INÓI  DELFIE  DELETE	83 P.  84 City  25, the above-named corporation's book  11 Facilities and agent signature required to the corporation's book  13.  1.1 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE	ANTATION  ration submits this statement for the and of directors. I hereby accept the and work renstrings.	FL purpose of char appointment as r  DATE  OFFICE RS AND	nging its registered office registered agent. I am  DIFIECTORS IN 12  Change Addition  Change Addition
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. TITLE  NAME  STREEL ADDRESS CITY - ST - ZIP TITLE  NAME  STREET ADDRESS CITY - ST - ZIP TITLE  NAME  STREET ADDRESS CITY - ST - ZIP TITLE  NAME  STREET ADDRESS CITY - ST - ZIP TITLE  NAME  STREET ADDRESS CITY - ST - ZIP TITLE  NAME  STREET ADDRESS CITY - ST - ZIP  STREET ADDRESS CITY - ST - ZIP	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State atth, and accept the obligations  Signature typical or printed name of regist  OFFICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL  S  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR	of, Section 607.0505, trool against and filled a subset. FRS AND DIRECTORS  , DDS  , #106	Elorida Statulos.  I INOTES  DELETE  DELETE	83 P.  84 City P.  85, the above-named corporation's box  86 by the corporation's box  87 by serial Agent's givarure requi-  13.  1.1 THUE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 THUE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 THUE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 THUE 42 NAME 43 STREET ADDRESS 34 CITY-ST-ZIP 4 THUE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	ANTATION  ration submits this statement for the and of directors. I hereby accept the and work renstrings.	FL purpose of char appointment as r  DATE  OFFICE RS AND	nging its registered office registered agent. I am  DIFFECTORS IN 12  J Change Addition  Change Addition  Change Addition
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State atth, and accept the obligations  Signature typical or printed name of regist  OFFICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL  S  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR	of, Section 607.0505, trool against and filled a subset. FRS AND DIRECTORS  , DDS  , #106	Elorida Statulos.  I INÓI  DELFIE  DELETE	83 P.  84 City P.  85, the above-named corporation's book the corporation's book to present agreement agreement agreement as street address to the corporation and the corporation's book to the corporation's book to the corporation's book to the corporation's book to the corporation and	ANTATION  ration submits this statement for the and of directors. I hereby accept the and work renstrings.	FL purpose of char appointment as r  DATE  OFFICE RS AND	nging its registered office registered agent. I am  DIFIECTORS IN 12  Change Addition  Change Addition
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. THE NAME STREEL ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME NAME STREET ADDRESS CITY-SI-ZIP THLE NAME	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State atth, and accept the obligations  Signature typical or printed name of regist  OFFICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL  S  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR	of, Section 607.0505, trool against and filled a subset. FRS AND DIRECTORS  , DDS  , #106	Elorida Statulos.  I INOTES  DELETE  DELETE	83 P.  84 City P.  85, the above-named corporation's book by the corporation's book in the corpo	ANTATION  ration submits this statement for the and of directors. I hereby accept the and work renstrings.	FL purpose of char appointment as r  DATE  OFFICE RS AND	nging its registered office registered agent. I am  DIFFECTORS IN 12  J Change Addition  Change Addition  Change Addition
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. THE NAME STREEL ADDRESS CHY-SI-ZIP THLE NAME STREET ADDRESS	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State atth, and accept the obligations  Signature typical or printed name of regist  OFFICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL  S  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR	of, Section 607.0505, trool against and filled a subset. FRS AND DIRECTORS  , DDS  , #106	Elorida Statulos.  I INOTES  DELETE  DELETE	83 P.  84 City P.  85, the above-named corporation's book by the corporation's book in the corpo	ANTATION  ration submits this statement for the and of directors. I hereby accept the and work renstrings.	FL purpose of char appointment as r  DATE  OFFICE RS AND	nging its registered office registered agent. I am  DIFFECTORS IN 12  J Change Addition  Change Addition  Change Addition
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. THE NAME STREEL ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME NAME STREET ADDRESS CITY-SI-ZIP THLE NAME	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State atth, and accept the obligations  Signature typical or printed name of regist  OFFICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL  S  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR	of, Section 607.0505, trool against and filled a subset. FRS AND DIRECTORS  , DDS  , #106	CONTRACTOR OF THE CONTRACTOR O	83 P.  84 City //  85, the above-named corporation's book  13. 1.1 THUE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 THUE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 THUE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 THUE 42 NAME 43 STREET ADDRESS 51 THUE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	ANTATION  ration submits this statement for the and of directors. I hereby accept the and work renstrings.	FL purpose of char appointment as r  DATE  OFFICE RS AND	nging its registered office registered agent. I am  DIFFECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. THE NAME STREEL ADDRESS CITY-S1-ZIP THLE NAME STREET ADDRESS CITY-S1-ZIP THLE STREET ADDRESS CITY-S1-ZIP	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State atth, and accept the obligations  Signature typical or printed name of regist  OFFICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL  S  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR	of, Section 607.0505, trool against and filled a subset. FRS AND DIRECTORS  , DDS  , #106	Elorida Statulos.  I INOTES  DELETE  DELETE	83 P.  84 City P.  85, the above-named corporation's book by the corporation's book in the corpo	ANTATION  ration submits this statement for the and of directors. I hereby accept the and work renstrings.	FL purpose of char appointment as r  DATE  OFFICE RS AND	nging its registered office registered agent. I am  DIFFECTORS IN 12  J Change Addition  Change Addition  Change Addition
PLANT  11. Pursuant or registe familiar w. SIGNAT URE  12. THE NAME STREEL ADDRESS CITY - ST - ZIP THE NAME  STREET ADDRESS CITY - ST - ZIP THE NAME STREET ADDRESS CITY - ST - ZIP THE NAME STREET ADDRESS CITY - ST - ZIP THE NAME STREET ADDRESS CITY - ST - ZIP THE NAME STREET ADDRESS CITY - ST - ZIP THE STREET ADDRESS CITY - ST - ZIP THE STREET ADDRESS CITY - ST - ZIP THE	ATION FL 33317  To the provisions of Sections 6 red agont, or both, in the State atth, and accept the obligations  Signature typical or printed name of regist  OFFICE  DPT  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR PLANTATION FL  S  MARTIN, SIDNEY S.F., 4100 S HOSPITAL DR	of, Section 607.0505, trool against and filled a subset. FRS AND DIRECTORS  , DDS  , #106	CONTRACTOR OF THE CONTRACTOR O	83 P.  84 City //  85, the above-named corporation's book  13. 1.1 THUE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 THUE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 THUE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 THUE 42 NAME 43 STREET ADDRESS 51 THUE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	ANTATION  ration submits this statement for the and of directors. I hereby accept the analysis was resisting.	FL purpose of char appointment as r  DATE  OFFICE RS AND	nging its registered office registered agent. I am  DIFFECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition

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 fegal effect as if made under oath; that I am an officer or director of the corporation or true receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED ORDANT ED NAME OF SIGNING OFFICER OR DIRECTOR

Day 10 91 974 79/1220