


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**  
07-20-1999 90009 030 \*\*\*550.00

PROFIT CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L76007** ✓  
1. Corporation Name  
**SIDNEY MARTIN, DDS, P.A.**

Principal Place of Business <b>4141 NW 5TH STREET SUITE 102 PLANTATION FL 33317 US</b>	Mailing Address <b>4141 NW 5TH STREET SUITE 102 PLANTATION FL 33317 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/23/1990</b>	4. FEI Number <b>65-0214958</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**MARTIN, SIDNEY S.F., DDS PA  
4141 NW 5TH STREET  
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, SIDNEY S.F., DDS</b>	
STREET ADDRESS	<b>4100 S HOSPITAL DR, #106</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, SIDNEY S.F., DDS</b>	
STREET ADDRESS	<b>4100 S HOSPITAL DR. #106</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DPT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SIDNEY S F MARTIN DDS</b>	
1.3 STREET ADDRESS	<b>4141 NW 5TH ST SUITE 102</b>	
1.4 CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MARTIN SIDNEY S.F.</b>	
2.3 STREET ADDRESS	<b>4141 NW 5TH STREET SUITE 102</b>	
2.4 CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **SIDNEY S MARTIN DDS P.A.** 7.6.99

CR2E034 (5/99)