FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M05190

MARK WEISSMAN, D.D.S., P.A.

Principal Prace of Business Mailing Address 4320 W. BROWARD BLVD. SUITE 3 4320 W. BROWARD BLVD. SUITE 3 PLANTATION FL 33317-3756 PLANTATION FL 33317

FILED Apr 09 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 09/14/1984	3a. Date of Last Report 04/26/1996
2. Principal Place of Business		2a. Mailing Addr	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		59-2446586	Not Applicable
Strite, Apt. #, etc Suite, Apt. :			, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 28					Trust Fund Contribution	Added to Fees
Ζφ	Country	Ζφ	Cou	untry	8. This corporation has liability for it	ntangible tax under s. 199.032,
24	25	29	30			Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent
THII	RER, MARTIN, ESQ.		.,,	81 Name		
2717 W. CYPRESS CREEK RD. FT. LAUDERDALE FL 33309				82 Street Address (P.O. Box Number is Not Acceptable)		
				84 City		FL 85 Zip Code
11 Pureusot	to the provisions of Sections 607.05	02 and 607 1508 Flori	da Statutoe the a	hove named	cornoration cultimite this statement for the o	
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 arr-familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. Larri familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						***************************************
40	Signar ire it prodior punted name of registered at	gert and titu if applicable. NO DIRECTORS		d Agent signature r	equired when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.	T. F.	ADDITIONS/CHANGES TO OFFIC	Change Addition
THEF	MEIGGHAN MADY DOG	ال الـــا				LE Change LE Addition
NAME	AGOG BU PROMAPA PULIFO HO			AME		
	DI ANTATION FI			TREET ADDRESS		
CHY-\$1-7IP	PLANTATION FL			ITY-ST-ZIP	······································	
THILF		□ DI	ELETE 2.1 TI	TLE		Change Addition
NAME			2.2 N	AME		
STREET ADDRESS			2.3 \$1	TREET ADDRESS	· .	
CHY-SI-ZIP			2. 4 0	GITY-ST-ZIP		
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TITLE		☐ DI			· · · · · · · · · · · · · · · · · · ·	Change Addition
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STREET ACCURESS				TREET ADDRESS		
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TITLE		الا []		·		☐ Change ☐ Addition
NAME			6.2 N			
STREET ADORESS			6.3 S	TREET ADDRESS	•	
CITY-ST-ZIP			6.4 C	ITY-ST-ZIP		

14. I do 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: