

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

|                                      |   |  |
|--------------------------------------|---|--|
| CORPORATION<br>ANNUAL REPORT<br>1995 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Northam<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--------------------------------------|---|--|

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JAN 30 AM 11:38

**DOCUMENT # M14436 (3)**

1. Corporation Name  
**HOFFMAN AND SOOTIN, D.D.S., P.A.-II**

|  |  |
|--|--|
| Principal Place of Business<br>6710 MAIN STREET<br>SUITE 131<br>MIAMI LAKES FL 33014 | Mailing Address<br>6710 MAIN STREET<br>SUITE 131<br>MIAMI LAKES FL 33014 |
|--|--|

DO NOT WRITE IN THIS SPACE.

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>04/25/1985</b>   | 3a. Date of Last Report<br><b>01/25/1994</b>           |
| 4. FEI Number<br><b>59-2538168</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |   |
|---|---|
| 2. Principal Place of Business<br>21 <b>15450 NEW BARN Rd. #101</b> | 2a. Mailing Address<br>26 <b>15450 NEW BARN Rd.</b> |
| Suite, Apt. #, etc.<br>22 <b>#101</b>                               | Suite, Apt. #, etc.<br>27 <b>#101</b>               |
| City & State<br>23 <b>MIAMI LAKES, FL</b>                           | City & State<br>28 <b>MIAMI LAKES, FL</b>           |
| Zip<br>24 <b>33014</b>  | Country<br>25 <b>USA</b>                            |
| Zip<br>29 <b>33014</b>  | Country<br>30 <b>USA</b>                            |

9. Name and Address of Current Registered Agent

**CHASE, ALAN R.**  
**9400 S. DAELAND BLVD., SUITE 600**  
**MIAMI FL 33156**

10. Name and Address of New Registered Agent

|   |           |
|---|-----------|
| B1 Name   |           |
| B2 Street Address (P.O. Box Number is Not Acceptable) |           |
| B3  |           |
| B4 City   | <b>FL</b> |
| B5 Zip Code   |           |

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 this if applicable. (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>HOFFMAN, BERNARD<br/>835 PALM SPRINGS MILE<br/>HIALEAH FL</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DS<br/>SOOTIN, JOHN V.<br/>835 PALM SPRINGS MILE<br/>HIALEAH FL</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 my address.

SIGNATURE: **X** *John Victor Sootin* Secretary **1-24-95** **305/599-7725**  
 (Signature and typed or printed name of signing officer or director) Date (Initial Print)

**JOHN VICTOR SOOTIN SECRETARY**