

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 # **M14436** (3)

1. Corporation Name

HOFFMAN AND SOOTIN, D.D.S., P.A.-II
HOFFMAN, SOOTIN & ERRO, DDS, PA, II



Principal Place of Business

Mailing Address

15450 NEW BARN RD.
SUITE 101
MIAMI LAKES FL 33014
US

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SUITE 101
MIAMI LAKES FL 33014
US

3. Date Incorporated or Qualified 04/25/1985	3a. Date of Last Report 01/30/1995
4. FEI Number 59-2538168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	DP HOFFMAN, BERNARD	1.1 TITLE	DP
NAME	935 PALM SPRINGS MILE	1.2 NAME	15450 New Barn Rd. Suite 101
STREET ADDRESS	HIALEAH FL	1.3 STREET ADDRESS	MIAMI LAKES FL 33014
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DS SOOTIN, JOHN V.	2.1 TITLE	
NAME	935 PALM SPRINGS MILE	2.2 NAME	
STREET ADDRESS	HIALEAH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	DVP
NAME		3.2 NAME	JUAN C. ERRO
STREET ADDRESS		3.3 STREET ADDRESS	935 W 49th Suite 101
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HIALEAH FL 33012
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	200001746852
STREET ADDRESS		5.3 STREET ADDRESS	-03/18/96--01050--008
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE		6.1 TITLE	
NAME		6.2 NAME	M.M.
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3-18-96

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 attached sheet with an address.

SIGNATURE: X *John Victor Sootin* JOHN VICTOR SOOTIN 2-7-96 X 305-821-7811
Date: 2-7-96 Daytime Phone: 305-821-7811

CR2E034 (12/95)