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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

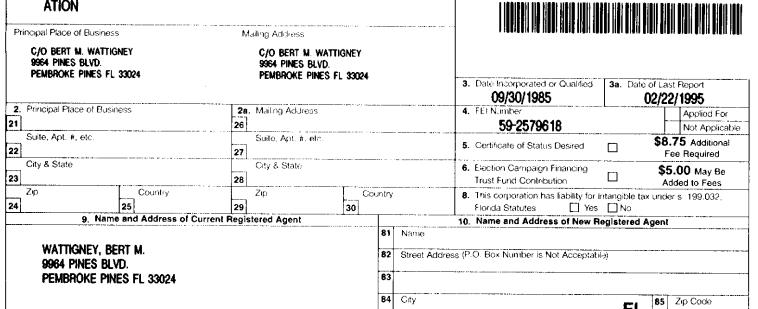
1996

DOCUMENT #

M21271

(5)

BERT M. WATTIGNEY, D.D.S., PROFESSIONAL ASSOCIAT ATION



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	OFFICERS AND DI	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1 17:115	Change Addition
NAME	WATTIGNEY, BERT M.		1.2 NAME	<u></u>
STREET ADDRESS	9964 PINES BLVD.		1.3 STREET ADDRESS	
CITY - ST - ZiP	PEMBROKE PINES FL		4 City - St - ZiP	
TITLE		DELETE	2 1 TITLE	Change Addition
NAME			2.2 NAME	-
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY - ST - ZIP	
TIFLE		DELFTE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADORESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 Ci~Y+S1 ZIP	
TITLE		DELETE	4 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
THILE		☐ DELETE	5 1 Title	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STHEET ADDRESS	
CHY-ST-ZIP			5.4 C-TY - ST - ZIP	
TITLE		☐ DELETE	6 1 TiflE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
City-ST-ZiP			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 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 consciration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an adacting of the execute this report as required by Chapter 607. Florida Statutes; and that my name

SIGNATURE: 4

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/29/96 Daylore Phone 6

CR2E034 (12/95)