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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M48110
1. Corporation Name
JEFFREY M. YASMAN, D.D.S., P.A.

(4)

FILED
May 09 1997 8:00am
Secretary of State



Principal Place of Business		Mailing Address		·····	- I SANDINGSE SIE BENDE DOEDS 1880N EINST NOOM DEDLE DINGSE NINGE DEUTS DEN GENEEL BENDE WENTE EINDE	
9456 HARDING AVE.		9456 HARDING AVI				
SURFSIDE FL	33154	SURFSIDE FL 3315	4-2804			
					3. Date Incorporated or Qualified 03/10/1987	3a. Date of Last Report 04/22/1996
	Place of Business	2a. Mailing Addre	ss		4. FEI Number	Applied For
21		26	26		59-2790451	Not Applicable
Suite, Apt. #. etc.		Suite, Apt. #, €	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			2. 10.1	Fee Required
City & State		F-n ′	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	T Cou	ntru	Trust Fund Contribution	Added to Fees
24	25	(29)	30		This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes No
	9. Name and Address of C		1301		10. Name and Address of New Reg	
MAF	RMISH, PAUL M.			81 Name		
266	6 TIGERTAIL AVE			82 Street Addr	ress (P.O. Box Number is Not Acceptabl	<u> </u>
Sun	TE 102			Sireot Addi	ress (F.O. Box Number is Not Acceptable	e)
MIAI	MI FL 33133		Ì	63		
				84 City		B5 Zip Code
				1		FL 1 1
11. Pursuant	to the provisions of Sections 60	07,0502 and 607,1508, Florida	Statutes, the at	ove-named corp	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered
agent. I a	m familiar with, and accept the	obligations of, Section 607.0	505, Florida Stat	it by the corporat utes.	non's board of directors. I hereby accept	the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of register	Pred agent and little if applicable RS AND DIRECTORS	(NO1L Registered	Agent signature requir		DATE
TITLE	PSD	DEL			ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	YASMAN, JEFFREY M.		1,2 NA			C outride C Vention
STREET ADORESS	9456 HARDING AVE.			REET ADDRESS		
CITY-ST-ZIP	SURFSIDE FL			IY - \$1 - ZIP		,
TITLE		DEL!				Change Addition
NAME			2.2 NA	.ME		
STREET ADORESS			2.3 \$1	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELI DELI				Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP				IY-S1-ZIP		<u>'</u>
TITLE		DELG	TE 4.1 TIT	LE		Change Addition
NAME			4.2 N/	AME		
STREET ADDRESS			4.3 STI	HEET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELE	TE 51 TH	LE		Change Addition
NAME			5 2 NA	ME		
STREET ADDRESS			53 ST	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELE	:TE 61 TH	ſŧ		Change Addition
NAME			62 NA	ME		
STREET ADDRESS			6 3 ST	REET ADDRESS		
CITY-ST-ZIP			6.4 017	Y-S1-7IP		

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 attention with an address.

CIGNATURE.

res In Manian DDS Jeffrey M. Ubdan (30 XII- 21