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Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M85503** (4)
1. Corporation Name
JOSEPH KILSHTOK D.D.S., P.A.



Principal Place of Business 1015 NORTH AMERICA WAY #150 MIAMI FL 33322 US	Mailing Address PO BOX 450549 10025 SUNSET STRIP SUNRISE FL 33345 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1988	
21 Suite, Apt. #, etc.	26 3800 S. Ocean Dr. #1706	4. FEI Number 65-0058675		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 Hollywood, FLORIDA	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 33019	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	25 USA	29 Country		30 USA	
25		29		30	

9. Name and Address of Current Registered Agent KILSHTOK, JOSEPH 6600 W. 12TH AVE. HIALEAH FL 33013		10. Name and Address of New Registered Agent	
81 Name		Kilshtok, Joseph	
82 Street Address (P.O. Box Number is Not Acceptable)		3800 S. Ocean Dr. #1706	
83			
84 City		Hollywood FL	
85 Zip Code		33019	

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 *Dr. Joseph Kilshtok* **President** DATE **3/26/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D - PRESIDENT
NAME	KILSHTOK, JOSEPH	1.2 NAME	Kilshtok, Joseph
STREET ADDRESS	6600 W. 12TH AVE.	1.3 STREET ADDRESS	3800 S. Ocean Dr. #1706
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE		2.1 TITLE	Sec. TREASURER "D"
NAME		2.2 NAME	TAMMY KILSHTOK
STREET ADDRESS		2.3 STREET ADDRESS	3800 S. Ocean Dr. #1706
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Dr. Joseph Kilshtok* **President** **3-26-98**

CR2E034 (10/97)