## 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

P93000006163 (8) **DOCUMENT #** 

RICHARD L. BERGER, D.D.S., P.A.							
Principal Place of Business Mailing Address						II BARK DUMI GOIIK EKIDI IIDIG ANDO IIKA 1901	
7401 SW 19 STREET 7401 SW 19 STREET PLANTATION FL 33314 PLANTATION FL 33314							
					3. Date Incorporated or Qualified 01/21/1993	3a. Date of Last Report 04/07/1995	
2. Principal Pla 21	ace of Business	2a. Mailing Address			4, FEI Number 65-0384575	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
City & State	;	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation has liability for		
24	9. Name and Address of Curre	[29] ent Registered Agent	1301		10. Name and Address of New I		
	5. 110		8	1 Name			
BARON, RICHARD 11077 BISCAYNE BLVD S-307 MIAMI FL 33161			8		dress (P.O. Box Number is Not Accepta	bie)	
			8	4 City		FL 85 Zip Code	
11. Pursuant t or register familiar wi	to the provisions of Sections 607.050 ed agent, or both in the State of Flo th, and accept the obligations of, Se	02 and 607.1508, Florida Statute rida. Such change was authorize ction 607.0505, Florida Statutes.	s, the above ed by the cor	rporation's boa	oration submits this statement for the pa and of directors. I hereby accept the app	rpose of changing its registered office pointment as registered agent. I am	
SIGNATURE	Signature, typed or printed name of registered ago	ut and title 4 applicable (NO)	It Registered At	ent signature require	ed when reinstating	DATE	
12.		ND DIRECTORS	13.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		FICERS AND DIRECTORS IN 12	
Tifle	PD	☐ DELETE	1 1 THL	E T	·	☐ Change ☐ Addition	
NAME	BERGER, RICHARD L.		1.2 NAM	E			
STREET ADDRESS 7401 S.W. 19TH ST.			13 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CHTY	- ST - ZIP			
TITLE		☐ DELETE	2 1 TITU	F		Change Addition	
NAME			2.2 NAM	E			
STREET ADDRESS			2 3 STRE	ET ADDRESS			
CITY - \$1 - ZIP			2.4 CITY	-S1-ZIP			
TOLE		☐ DELETE	3 1 1110	E		☐ Cnang- ☐ Addition	
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STR	EET ADDRESS			
C(1Y-ST-ZIP			3.4 CITY	- \$1 - 2IP			
TIFLE		DELETE	4. 1 TITL	F		Change: Addition	
NAME			4.2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-S1-ZiP				- ST - ZIP			
TETLE		☐ DELETE	5. 1 TITL	E		☐ Chang: ☐ Addition	
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP				- ST - ZIP			
TITLE		☐ DELETE	6 1 TITL			Change Addition	
NAME			6.2 NAM				
STREET ADDRESS			6.3 STRE	ET ADDRESS			
0.71.07.710	1		C 1 0 TV	AT 300			

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 cath; 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: \_

er or director of the corporation of the receiver or trustee empower Block 13 if changed, or on an attachment with an address.

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