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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

P93000022841 (9)

DOCUMENT #

1. Corporation Name

KENWARD & MAYORAL, D.M.D., P.A.

Principal Place of Business

KTG&S REGISTERED AGENT CORPORATION

1401 BRICKELL AVE SUITE 700

AMANUST 777.31

Mailing Address

% KTG&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVE SUITE 700 NIAM F1-33131



| MIAMI FE 331  | 4,  | MIAMI FL 33131                                 |   |   |   |
|---|---|--|---|---|---|
|   |   |  |   | <ol> <li>Date Incorporated or Qualified<br/>03/23/1993</li> </ol> | 3a. Date of Last Report 05/01/1995  |
| 2. Principal Plac   | ce of Business  | 2a. Mailing Address                            |   | 4. FEI Number   | Applied For   |
|   | SEDnd Si  | 26 100 56                                      | Dand ST   | 65-0400839  | Not Applicable  |
| Suite, Apt. #,  |   | Suite, Apt. rLetc.                             |   | 5. Certificate of Status Desired                                  | \$8.75 Additional Fee Required  |
| City & State  | iAmi Fz.  | City & State                                   | FZ  | Flection Campaign Financing     Trust Fund Contribution           | \$5.00 May Be<br>Added to Fees  |
| Zip<br>24 350   | Country   | <sup>ZD</sup> 공(공)                             | Country<br>30 U S   | 8. This corporation has liability for<br>Florida Statutes Ye      | r intangible tax under s. 199.032.<br>s   |
|   | 9. Name and Address of Current  | Registered Agent                               |   | 10. Name and Address of New                                       | Registered Agent  |
|   |   |  | 81 Name   |   |   |
| KTG&S F   | REGISTERED AGENT CORPORAT   | ION  | 82 Street Add   | ress (P.O. Box Number is Not Accepta                              | (vallet)  |
|   | ICKELL-AVE  |  | 82 Street Addi  | ress (r.o. Box bit riber Not Actiepte                             | 57,   |
| SUITE 7   |   |  | 83  | c) <u>E</u>   |   |
| MAMI FI   |   |  | 2/2   | of theor  |   |
| John Mari   | 2 33.3.   |  | 84 City   | 1 A 00 1  | FL 185 1399737  |
| 11 Diverget to  | the provisions of Sections 607.050? a   | and 607 1508 Florida Statutos                  | the above-named corne   | reation submits this statement for the n                          |   |
| or registere  | d agent, or both, in the State of Florida   | <ol> <li>Such change was authorized</li> </ol> | d by the corporation's boa  | ard of directors. Thereby accept the app                          | pointment as registered agent. I am   |
| familiar with   | n, and accept the obligations of, Section   | n 607.0505, Florida Statutes.                  |   |   |   |
| SIGNATURE   |   |  |   |   | DATE  |
|   | ignature typed or proted name of residence layest or<br>OFFICERS AND                            |  | Registered Agent signature to pinc  |   | FIGERS AND DIRECTORS IN 12  |
|   |   |  |   |   |   |
| 12.   |   |  | 13.   | ADDITIONS CHANGES TO OF   |   |
| TITLE   | DP  | DELETE   | 1 1 TH.F  | ADDITIONS CHANGES TO OF   | Change Addition   |
| TITLE<br>NAME   | DP<br>KENWARD DMD, SCOTT F  |  | 1 1 TH, F<br>1 2 NAME   | ADMINISTERANCES TO OF   |   |
| TITLE NAME STREET ADDRESS   | DP<br>KENWARD DMD, SCOTT F<br>12651 S DIXIE HWY   |  | 1 1TH.F<br>12 NAME<br>13 STHEET ADDRESS   | ABETHORS CHANGES TO OF  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DP<br>KENWARD DMD, SCOTT F<br>12651 S DIXIE HWY<br>MIAMI FL                                     | □ DÉCE7E                                       | 1 11H.F<br>12 NAME<br>13 STHEET ADDRESS<br>14 CHY-ST-7IF  | ABETHORS CHANGES TO OF  | ☐ Change ☐ Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | DP<br>KENWARD DMD, SCOTT F<br>12651 S DIXIE HWY<br>MIAMI FL<br>DST                              | ☐ DELETE                                       | 1 1 TH. F<br>1 2 NAME<br>1 3 STHEET ADDRESS<br>1 4 CHY-S1-ZIP<br>2 1 THEE   | ABETHORS CHANGES TO OF  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | DP KENWARD DMD, SCOTT F 12651 S DIXIE HWY MIAMI FL DST MAYORAL DMD, OSVALDO Z                   | ☐ DELETE                                       | 1 1 TH. F<br>1 2 NAME<br>1 3 STHEET ADDRESS<br>1 4 CHY-ST-2IP<br>2 1 THE<br>2 2 NAME  | ABETHORS CHANGES TO OF  | ☐ Change ☐ Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP T-TLE   | DP KENWARD DMD, SCOTT F 12651 S DIXIE HWY MIAMI FL DST MAYORAL DMD, OSVALDO Z 12651 S DIZIE HWY | ☐ DELETE                                       | 1 1 TH. F<br>1 2 NAME<br>1 3 STHEET ADDRESS<br>1 4 CHY-S1-ZIP<br>2 1 THEE   | ABSTITUTES CHANGES TO OF  | ☐ Change ☐ Addition   |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP T-TLE NAME STREET ADDRESS   | DP KENWARD DMD, SCOTT F 12651 S DIXIE HWY MIAMI FL DST MAYORAL DMD, OSVALDO Z 12651 S DIZIE HWY | ☐ DELETE                                       | 1 1 TH.F<br>12 NAME<br>13 STHEET ADDRESS<br>14 CHY-ST-2IP<br>2 1 THE<br>22 NAME<br>23 STREET ADDRESS  | ABETHORS CHANGES TO OF  | ☐ Change ☐ Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP T-TLE NAME STREET ADDRESS CITY-ST-ZIP   | DP KENWARD DMD, SCOTT F 12651 S DIXIE HWY MIAMI FL DST MAYORAL DMD, OSVALDO Z 12651 S DIZIE HWY | □ DELETE                                       | 1 1 TH. F<br>1 2 NAME<br>1 3 STHEET ADDRESS<br>1 4 CHY-ST-2IP<br>2 1 THE<br>2 2 NAME<br>2 3 STREET ADDRESS<br>2 4 CHY-ST-2IP  | ABSTITUTES CHANGES TO OF  | Change Addition   |
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| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | DP KENWARD DMD, SCOTT F 12651 S DIXIE HWY MIAMI FL DST MAYORAL DMD, OSVALDO Z 12651 S DIZIE HWY | ☐ DELETE                                       | 1 1 TILLE 12 NAME 13 STHEET ADDRESS 14 CHY-ST-2P 2 1 TILE 22 NAME 23 STREET ADDRESS 24 CHY-ST-2P 3 1 TILE 32 NAME 33 STHEET ADDRESS 34 CHY-ST-2P 4 1 TILE 42 NAME 43 STREET ADDRESS   |   | Change Addition  Change Addition  Change Addition  Change Addition  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | DP KENWARD DMD, SCOTT F 12651 S DIXIE HWY MIAMI FL DST MAYORAL DMD, OSVALDO Z 12651 S DIZIE HWY | DELETE  DELETE  DELETE                         | 1 1 TILLE 12 NAME 13 STHEET ADDRESS 14 CHY-ST-ZIP 2 1 TILE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3 1 TILE 32 NAME 33 STREET ADDRESS 34 CHY-ST-ZIP 4 1 TILE 42 NAME 43 STREET ADDRESS 44 CHY-ST-ZIP  | <b>2000:0:1</b> 7**<br>-04/15/9601:                               | Change Addition  Change Addition  Change Addition  Change Addition  |
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| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | DP KENWARD DMD, SCOTT F 12651 S DIXIE HWY MIAMI FL DST MAYORAL DMD, OSVALDO Z 12651 S DIZIE HWY | DELETE  DELETE  DELETE                         | 1 1 TILLE 12 NAME 13 STHEET ADDRESS 14 CHY-ST-ZIP 2 1 TILE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3 1 TILE 32 NAME 33 STHEET ADDRESS 34 C-TY-ST-ZIP 4 1 TILLE 42 NAME 43 STREET ADDRESS 44 CHY-ST-ZIP 5 1 TILLE 52 NAME 53 STHEET ADDRESS  | <b>2000:0:1</b> 7**<br>-04/15/9601:                               | Change Addition  Change Addition  Change Addition  Change Addition  |
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SIGNATURE: SIGNATURE AND THE OF PHINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-3-96

305-255-7722 Daytime Phone # 3R2E034 (12/95)