

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90055 036 \*\*\*150.00

DOCUMENT # P93000022841

1. Corporation Name

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

Principal Place of Business

Mailing Address

~~100 SE 2ND ST.~~  
~~28 FLOOR~~  
~~MIAMI FL 33131~~  
~~US~~

~~100 SE 2ND ST.~~  
~~28 FLOOR~~  
~~MIAMI FL 33131~~  
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 201 S. Biscayne Blvd.

26 201 S. Biscayne Blvd.

22 Suite # 2000

27 Suite # 2000

23 Miami, FL

28 Miami, FL

24 33131 25 US

29 33131 30 US

9. Name and Address of Current Registered Agent

~~KTG&S REGISTERED AGENT CORPORATION~~  
~~100 SE 2ND ST.~~  
~~28 FLOOR~~  
~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1993

4. FEI Number

65-0400839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Marc H. Overbach Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

201 S. Biscayne Blvd.

83 # 2000

84 City Miami

FL

85 Zip Code 33131

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

Marc Overbach

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME KENWARD DMD, SCOTT F  
STREET ADDRESS 12651 S DIXIE HWY  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE DST  
NAME MAYORAL DMD, OSVALDO Z  
STREET ADDRESS 12651 S DIXIE HWY  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS 12651 S. Dixie Hwy, Suite 400  
1.4 CITY-ST-ZIP Miami, FL 33156

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 12651 S. Dixie Hwy, Suite 400  
2.4 CITY-ST-ZIP Miami, FL 33156

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

Portia Edwards REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-799

Date

305-255-7722

Daytime Phone #

CR2E034 (11/98)