

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 22 AM 9:20

DOCUMENT # P93000024040 (6)

1. Corporation Name

MITCHELL ANDREW SENFT, D.M.D., P.A.

Principal Place of Business

6451 N. FEDERAL HIGHWAY
SUITE 129
FT. LAUDERDALE FL 33308

Mailing Address

6451 N. FEDERAL HIGHWAY
SUITE 129
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/31/1993

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number
65-0399609

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 has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**KLEIN, JEFFREY G
2600 NORTH MILITARY TRAIL
SUITE 270
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name **RICK ROSENBAUM**
82 Street Address (P.O. Box Number is Not Acceptable)
ONE EAST BROWARD BLVD
83 **STE 1500**
84 **FT. LAUDERDALE** FL 85 Zip Code **33301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 provisions of, Section 607.0507, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SENFT, MITCHEL A**
STREET ADDRESS **6451 N. FEDERAL HWY, SUITE 129**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------|---|
| TITLE | 1 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1 2 NAME | |
| STREET ADDRESS | 1 3 STREET ADDRESS | |
| CITY-ST-ZIP | 1 4 CITY-ST-ZIP | |
| TITLE | 2 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2 2 NAME | |
| STREET ADDRESS | 2 3 STREET ADDRESS | |
| CITY-ST-ZIP | 2 4 CITY-ST-ZIP | |
| TITLE | 3 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3 2 NAME | |
| STREET ADDRESS | 3 3 STREET ADDRESS | |
| CITY-ST-ZIP | 3 4 CITY-ST-ZIP | |
| TITLE | 4 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4 2 NAME | |
| STREET ADDRESS | 4 3 STREET ADDRESS | |
| CITY-ST-ZIP | 4 4 CITY-ST-ZIP | |
| TITLE | 5 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 5 2 NAME | |
| STREET ADDRESS | 5 3 STREET ADDRESS | |
| CITY-ST-ZIP | 5 4 CITY-ST-ZIP | |
| TITLE | 6 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 6 2 NAME | |
| STREET ADDRESS | 6 3 STREET ADDRESS | |
| CITY-ST-ZIP | 6 4 CITY-ST-ZIP | |

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 110.07(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 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 (changed, or on an attachment with an address).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

(Type Here)

5/22/95 3054913744