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

Mailing Address

SUITE 100

3157 NORTH UNIVERSITY DRIVE

COOPER CITY FL 33026

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

SUITE 100

3157 NORTH UNIVERSITY DRIVE

PEMBROKE PINES FL 33024



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

(954) 455-1102

2/81 93

3. Date Incorporated or Qualified

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081682 (5)

Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

RICHARD D. SALZMANN, D.M.D., P.A.

11/30/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0454026 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing П 23 28 **Trust Fund Contribution** Added to Fees Country Zip Country Z_{10} 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SALZMANN, RICHARD D Name 3157 N UNIVERSITY DR Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33024 84 City Zip Code 85 11. Pursuant to the provisions of Sactions 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 Signature, typoid or protect make of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE SALZMANN, RICHARD D 1.2 NAME NAME 10470 BUENOS AIRES ST 1.3 STREET ADDRESS STREET ADDRESS COOPER CITY FL 33026 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TREASURER 21 TITLE TITLE SALZMANN MARTHA 2.2 NAME NAME 10470 Buens Aires ST. 2.3 STREET ADDRESS STREET ADDRESS FC 33086 Cooper City 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP_ CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change ■ Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing closs 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 eath; 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

PKHARO SALZMANN