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

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PROFIT CORPORATION ANNUAL REPORT

1997

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City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000085857**

STEVEN FRIEFELD O.D., P.A.

Principal Place of Business Mailing Address 2598-A EAST SUNRISE BLVD 2598-A EAST SUNRISE BLVD FT LAUDERDALE FL 33304-3204 FT LAUDERDALE FL 33304 3. Date Incorporated or Qualified 3a. Date of Last Report 01/31/1996 12/15/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0461215 26 Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional

24 25 29 9. Name and Address of Current Registered Agent FRIEFELD, STEVEN 2598-A EAST SUNRISE BLVD FT LAUDERDALE FL 33304

Country

ountr	ry	8.	This corporation has lial Florida Statutes	bility for intergible Yes	tax ur] No	nder s. 199.032,
7'''		10.	Name and Address of	New Registered	Agent	
81	Name					
82	Street Address (P.O. Box Number is Not Acceptable)					
83	3		<u></u>			
84	6 City			FL	85	Zip Code

6. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

FILED

May 02 1997 8:00am

Secretary of State

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

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agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE		NEFELD Regislared Agent signature	recipited when reinstalling!				
12.	Signature: typed or printed name of registered agent and title if applicable (NOTE OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TETLE	DP DELETE	1.1 TITLE	Change Addition				
NAME	Friefeld, Steven	1.2 NAME					
STREET ADDRESS	% 2598-A EAST SUNRISE BLVD	1.3 STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33304	1.4 CITY-ST-ZIP					
TITLE	☐ DELETE	21 TITLE	Change Addition				
NAME		22 NAME					
\$16FE1 ADORESS		2.3 STREET ADDRESS	t y ve				
CITY-ST 7IP		2. 4 CITY+ST-ZIP					
TETLE	☐ DELETE	3.1 TITLE	Change Addition				
NAME		3.2 NAME					
STREET ADDRESS	· ·	3.3 STREET ADDRESS					
CITY-ST-ZIF		3.4. CITY-ST-ZIP					
THE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME		4.2 NAME					
STREET ADORESS		4.3 STREET ADDRESS					
CITY- \$1-7IP		4.4 CITY-ST-ZIP					
TIYLE	☐ DELETE	5.1 TITLE	Change Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY - ST - ZIP		5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITLE	Change Addition				
NAME		6.2 NAME					
STREET ADORESS		6.3 STREET ADDRESS					
City-St-ZiP		6.4 CITY - ST - ZIP	,				

14. I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the corporation or the receiver or truster appears in Block 12 or Block 13 if changed, or on an attachment will address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

964,965-2285

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