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

Mailing Address

PROFIT CCRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000086607

1. Corporation Name

Principal Place of Business

WELLEBY DENTAL ASSOCIATES, P.A.

2. Principal Place of Business 3. Date Insupported of Qualified 12/14/1993 3. Left Number 65-0452946	10127 W OAKLAND PARK BLVD SUNRISE FL 33351		10127 W OAKLAND PARK BLVD SUNRISE FL 33351			DO NOT WRITE IN THIS	SPAC	:E			
28							3. Date Incorporated or Qualifed				
Sullo, Agt. 8, ofc 20	2. Principal P	ace of Business	2a. Mailing Address								
27	21						03-04-52940				
City & State 23 City & State 28 City & State 28 City & State 29 Country Zip Country B. This corporation owes the current year I tangeble person. Property Tax. City & Left 9. Name and Address of Current Registered Agent B. This corporation owes the current year I tangeble person. Property Tax. City & Left 10 IZT W OAKLAND PARK BLVD SUNRISE FL 33351 B. Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Scrittons 807.0502 and 807.1508, Floridal Statutes, the above-named corporations board of directors. I hereby accept the obligations of Scrittons 607.0502 and 807.1508, Floridal Statutes, the above-named corporations board of directors. I hereby accept the obligations of Scrittons 607.0502 and 807.1508, Floridal Statutes, the above-named corporations board of directors. I hereby accept the approximant as registered agent. I am manifest with, and occupate holding the state of Florida, Such change was authorized by the corporations board of directors. I hereby accept the approximant as registered agent. I am manifest with, and occupate holding the state of Floridal Statutes. SIGNATUR: D. Country D. Country	Suite, Art.	#, etc.	⊢				5. Certifcate of Status Desired				
Zip		9	⊢ '								
DELMAN, MARK I 10127 W OAKLAND PARK BLVD SUNRISE FL 33351 11. Pursuant to the provisions of Seritions 607 0502 and 607 1508. Floridal Statutes, the above-named coliporation submit this statement for the purpose of changing its registered agent. and marrial arwitin, and accept the obligations of, 550-5100 0500, Floridal Statutes, the above-named coliporation submit this statement for the purpose of changing its registered agent. and marrial arwitin, and accept the obligations of, 550-5100 0500, Floridal Statutes, the above-named coliporation's board of directors. I hereby accept the appointment as registered agent. and marrial arwitin, and accept the obligations of, 550-5100 0500, Floridal Statutes. SIGNATUR: 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS /ND DIRECTORS IN 12. 14. CTYME 15. TREET ADDRESS 15. ADDITIONSICHANGES TO OFFICERS /ND DIRECTORS IN 12. 16. Change Addition Addition	Zip	<u>-</u>			ntry		· · · · · · · · · · · · · · · · · · ·			EJNo	
SI Name				1221			10. Name and Address of New Registered	Agent			
10.127 W OAKLAND PARK 6LVD SUNRISE FL 33351 83 84 City					81	Name					
SUNRISE FL 33351 88 City		•			82	Street Ad-	tress (P.O. Box Number is Not Acceptable)				
11. Pursuanit to the provisions of Se blons 607.0502 and 607.1508. Florida Statules. the above-named co poration submits this statement for the purpose of changing lis registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the dept internet as registered agent, and accept the obligations of, Section 607.6505. Florida Statules. SIGNATURE Signature. Typed or protect near or registered agent, and talled applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELMAN, MARK I 12 NAME STREET ADDRESS SUNRISE FL 3335 14 CITY-ST-ZP SUNRISE FL 3335 14 CITY-ST-ZP SUNRISE FL 3335 14 CITY-ST-ZP TITLE DELETE DELETE 13 TITLE DELETE 21 TITLE DELETE 21 TITLE DELETE 31 TITLE DELETE DELETE 31 TITLE DELETE 31 TITLE DELETE 31 TITLE DELETE DELETE 31 TITLE DELETE DELETE 31 TITLE DELETE DELETE					83					-	
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS / ND DIRECTORS 11 TITLE Change Addition Addit	SIGNATURE	Signature, typed or printed han e of registered agent	and title if applicable. (NOT	E: Registered	Agent	signature requi	ed when reinstating) DATE				
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STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 contrify 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.

4/19189

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FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90180 041 ***158.75