SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 21 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000086826 (3)**

1. Corporation Name

BETTY GOTTFRIED, D.D.S., P.A.

Principal Place of Business	Mailing Address
812 GARNET CIRCLE FT. LAUDERDALE FL 33326	812 GARNET CIRCLE FT. LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1993
3a. Date of Last Report: 09/09/1994

2. Principal Place of Business
21: 960 Sorrento DR
22: Suite, Apt. #, etc.
23: City & State: Ft. Lauderdale, Fl
24: Zip: 33326
25: County: Broward

2a. Mailing Address
26: 960 Sorrento DR
27: Suite, Apt. #, etc.
28: City & State: Ft. Lauderdale
29: Zip: 33326
30: County: Broward

4. FEI Number: 65-0467796 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. [illegible] ☐ $5.00 May Be Added to Fees

7. The corporation has [illegible] for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOTTFRIED, BETTY
518 VILLAGE LAKE DRIVE
FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name
82 Street Address: (P.O. Box Number is Not Acceptable) 960 SORRENTO Drive
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33326

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: [illegible] (DATE)
Signature of one of the previously named registered agent and title if applicable. NOTE: Registered Agent signature required when mandatory.

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOTTFRIED, BETTY
STREET ADDRESS	518 VILLAGE LAKE DRIVE
CITY ST ZIP	FT LAUDERDALE FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. [illegible]

11 TITLE	☒ Change ☐ Addition	
12 NAME		
13 STREET ADDRESS	960 SORRENTO DRIVE	
14 CITY ST ZIP	Ft. Lauderdale, FL 33326	
21 TITLE	☐ Change ☐ Addition	
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	☐ Change ☐ Addition	
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE	☐ Change ☐ Addition	
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE	☐ Change ☐ Addition	
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE	☐ Change ☐ Addition	
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

CR2E034 (3/95)

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 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 above, or on an attachment with an address.

SIGNATURE: [illegible] Gottfried, DDS, PA 7/14/95 (305)768-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070231 CP