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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 15 1997 8:00am

Secretary of State

☐ Change

600002194786 -05/23/37--01044--032

***165.00

Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1115

5,6549

514:-17 08655

7.70

WEST BOCA DENTAL ASSOCIATES

Principal Place of Business Mailing Address 22053 State Road 7 22053 State Road 7 Boca Raton, FL 33428 Boca Raton, FL 33428 3. Date Incorporated or Qualified 3a. Date of Last Report 4/15/96 12/29/93 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0481999 Not Applicable 26 21 Suite Ap* #. etc Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation has liability for intangible tax under \$. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name WASSERMAN, ALAN G 62 Street Address (P.O. Box Number is Not Acceptable) 22240 HOLLYHOCK TR BOCA RATON, FL 34333 83 84 City Zip Code 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 of the corporation of directors. Thereby accept the appointment as registered agent. Land familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Storing religion to printed har sold regulated agent and the Capphosible INOTE Registered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE 1.1 TITLE Change Addition FILE PTD NAME 1.2 NAME WASSERMAN, ALAN G 13 STREET ADDRESS STREET AFORESS 22240 HOLLYHOCK TR 1.4 CITY - ST- ZIP OBY \$1 73 BOCA RATON, FL 34333 DELETE Change Addition 21 TITLE THE VSD 2.2 NAME MARK WASSERMAN, JACQUELINE F 23 STREET ADDRESS 22240 HOLLYHOCK TR BOCA RATON, FL 34333 00.4.50 2 4 CiTY - ST - ZIP DELETE Change Addition 3 1 11111 3.2 NAME 1.2M3 3 STREET ADDRESS SHREET AGONE OF CHY-SE ZIE 3.4 CITY-ST-ZIP DELETE Change Addition 41 TITLE 111.5 $\mathbb{N}^{1,V}$ 4. 2 NAME 4.3 STREET ADDRESS \$18E51 ADJUSTS: 4.4 CITY - ST - ZIP Clir 5 DELETE Change Addition 5.1 TITLE 11-13 Mate 5.2 NAME 518 T1 AUJ88 W 5.3 STREET ADDRESS OTN 51 70 5.4 CITY - ST-ZIP

☐ DELETE

SIGNING OFFICER OR DIRECTOR

€ 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CiTY - ST - ZIP do be only certify that the eformation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes, I further certify that the extremation in a called on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that annual object 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 Hinck 12 or Block 13 if changed on on an attachment with an address.