

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000002257 (1)

1. Corporation Name

EDWARD R. KIRSH, D.D.S., P.A.



Principal Place of Business

900 BAY DR.
STE. 519
MIAMI BEACH FL 33141

Mailing Address

900 BAY DR.
STE. 519
MIAMI BEACH FL 33141

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

g. Name and Address of Current Registered Agent

KIRSH, EDWARD R.
8450 LAGOS DE CAMPO
STE. 206
TAMARAC FL 33321

900 BAY DRIVE
SUITE 519
MIAMI BEACH, FL 33141

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84

900 BAY DRIVE
STE 519

MIAMI BEACH

FL

85

Zip Code 33141

3. Date Incorporated or Qualified

01/03/1994

3a. Date of Last Report

04/26/1995

4. FEI Number

65-0458955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 to be printed here (sign and attach to data sheet)

(NOTE: Required Agent's address is separate sheet)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	☐ DELETE
NAME	KIRSH, EDWARD R	
STREET ADDRESS	8450 LAGOS DE CAMPO, STE. 206	
CITY-ST-ZIP	TAMARAC FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	900 BAY DRIVE STE 519
4. CITY-ST-ZIP	MIAMI BEACH, FL 33141
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD R. KIRSH

Date

2/20/16

Daytime Phone #

305-866-4716

CR2E034 (12/95)