

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

FILED
Aug 07 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1994

4. FEI Number

65-0458955

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 8910 DICKENS AVENUE

Suite, Apt. #, etc.

22 City & State

23 SURFSIDE, FL

24 33154

25 USA

2a. Mailing Address

26 8910 DICKENS AVENUE

Suite, Apt. #, etc.

27 City & State

28 SURFSIDE, FL

29 33154

30 Country

9. Name and Address of Current Registered Agent

KIRSH, EDWARD
900 BAY DRIVE
SUITE 519
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

82 8910 DICKENS AVENUE

83

84 City SURFSIDE

FL

85 Zip Code 33154

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/30/98

12. OFFICERS AND DIRECTORS

TITLE PST

NAME KIRSH, EDWARD R
STREET ADDRESS 900 BAY DRIVE STE 519
CITY-ST-ZIP MIAMI FL

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 8910 DICKENS AVE

1.4 CITY-ST-ZIP SURFSIDE, FL 33154

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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

7/30/98 305-864-2817

CR2E034 (5/98)

(2)

Edward R. Kirsh D.D.S., P.A.

8910 Dickens Avenue
Surfside, FL 33154
Tel. 305-864-2817

July 30, 1998

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

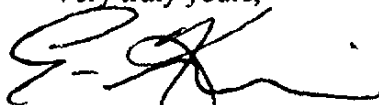
Dear Sir or Madam:

Thank you so much for sending out a second notice for my corporation renewal fee. Unfortunately, I have had some problems the post office and my new mailing address change and did not receive the first notice. I have made the appropriate corrections to ensure that the new information is correct.

I just contacted your office to explain my situation and they instructed me to send this letter with a request to waive the late fee of \$400.00. I am therefore enclosing a check for the usual renewal fee of \$150.00. I do appreciate your consideration and I have made every effort to ensure that this be would be a one time circumstance.

If you have any questions or would like to speak to me personally, please contact me. Again, I apologize for the inconvenience this may have caused your office.

Very truly yours,



Edward R. Kirsh