

FILE NOW: FILING FEE AFTER MAY 1 IS \$ 5.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000002441 (1)**

1. Corporation Name
THOMAS DENTAL ASSOCIATES, INC.



Principal Place of Business
**4200 INVERRARY BLVD.
SUITE 3312
LAUDERHILL FL 33319**

Mailing Address
**4200 INVERRARY BLVD.
SUITE 3312
LAUDERHILL FL 33319**

3. Date Incorporated or Qualified **01/11/1994** 3a. Date of Last Report **04/25/1995**

2. Principal Place of Business
21 **14050 NW 7th Ave**

2a. Mailing Address
26 **322 BUCHANAN ST**

4. FEI Number **65-0460023** Applied For
Not Applicable

22 Suite, Apt. #, etc.
27 **PHC-8**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State **MIAMI, FLA**

28 City & State **HOLLYWOOD, FLA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33168** 25 Country **USA**

29 Zip **33019** 30 Country **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRAKAUER, THOMAS B
4200 INVERRARY BLVD., #3312
LAUDERHILL FL 33319**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
322 BUCHANAN ST
83 **PHC-8**
84 City **HOLLYWOOD** FL 85 Zip Code **33019**

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 607.0105, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

T. B. U. **THOMAS B. KRAKAUER** **4/22/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
	KRAKAUER, THOMAS B.	4200 INVERRARY BLVD #3312	LAUDERDALE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President	THOMAS B. Krakauer	322 BUCHANAN ST PHC-8	HOLLYWOOD, FLA 33019	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

T. B. U. **THOMAS B. Krakauer** **4/24/96** **(954) 923-9794**

CR2E034 (12/95)