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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

FILED

Mar 16 1998 8:00am

Secretary of State

D 1801/201 (18 1814) DIBAY CORN BOND BOND BOND BOND BOND BOND INVENTION (1801) IND

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000003311 (5)

ISABELLA ROZINOV DDS P.A.

Principal Place of Business Mailing Address				I HORYARDI AKO ADAH DIBIN BAKAN DOKIK DOKIK DOKIK DOKIK DAKIDA KKARD KADDI KIDUR KADA KADA	
17720 N. BAY		17720 N. BAY RD.			
#9C		#9C			DO NOT WRITE IN THIS CRACE
NORTH MIAMI BEACH FL 33160		NORTH MIAMI BEACH FL 33160			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					01/06/1994
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0462424 Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
12		27	/]		Fee Required
City & State		City & Stato			6. Election Campaign Financing \$5.00 May Be
3		28 Country			Trust Fund Contribution
Zip Country		Zip	Country 30		8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No
4	9. Name and Address of Curren		301		Personal Property Tax due June 30. L. Yes L. No 10. Name and Address of New Registered Agent
PO	ZINOV. ISABELLA DDS		8	1 Name	
	20 N. BAY RD.				
#90			82	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)
	RTH MIAMI BEACH FL 33160		83	3	
1101	www. pp. Offic outlo			4 0:-	
			84	4 City	FL 85 Zip Code
	Signature, typed or printed name of registered ag-			gent signature req	quired when reinstating) DATE
12.		ID DIRECTORS	13.	··	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST	☐ DEL€TE	1.1 THILE		L. Change L. Additio
NAME	ROZINOV, ISABELLA DDS 17720 N. BAY RD., #9C		1.2 NAME		
STREET ADDRESS	NORTH MIAM) BEACH FL 33	160	1	ET ADDRESS	
CITY-ST-ZIP TITLE	HOTTIT WARM DEPOTTE 00	DELETE	1.4 City- 2.1 Title	31-21	Change Additio
NAME			2.2 NAME	.	
STREET ADDRESS			2.3 STREE	T ADDRESS	
CITY-ST-ZIP			2.4 CITY-	· ST-ZIP	
TITLE		DELETE	3.1 TITLE		Change Additio
NAME			32 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY - ST - ZIP			3.4 CITY-	ST-ZIP	
TITLE	. □ DELF1		4.1 TITLE		Change Additio
NAME			4. 2 NAME	1	
STREET ADDRESS				T ADDRESS	
CITY-ST-2IP TITLE		4.4 CITY - ST - ZIP DELETE 5.1 TITLE		51-ZIP	☐ Change ☐ Additio
NAME		C. Verrit	5.2 NAME		
STREET ADDRESS				1 ADDRESS	
CITY-ST-ZIP			5.4 CITY -		
TITLE	DELETE		61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	
CITY-ST-ZIP			6 4 CITY -		
14. I hereby ce	ertify that the information supplied w	rith this filing does not qualify for	the exemp	otion stated in	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or d	firector of the corporation of the reci or Block 13 if changed, or on an atta	eiver or trustee empowered to ex chment with an ad <u>d</u> ress.	xecute this	report as rec	sture shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in
SIGNAT	URE: 1-Sala	ella Rusi'n	ov		DS. P.A.