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FILED  
Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000036690 (3)

1. Corporation Name

FAMILY DENTISTRY OF BOCA/DELRAY, INC.



Principal Place of Business

Mailing Address

660 LINTON BLVD  
SUITE 111B  
DELRAY BEACH FL 33444

660 LINTON BLVD  
SUITE 111B  
DELRAY BEACH FL 33444-8148

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

3. Date Incorporated or Qualified

3a. Date of Last Report

05/16/1994

04/25/1996

4. FEI Number

Applied For

65-0499406

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 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

LEWIS, SONYA  
660 LINTON BLVD  
SUITE 111B  
DELRAY BEACH FL 33444

81 Name

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

83

84 City

FL

85 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 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)

2-10-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LEWIS, SONYA D.M.D.  
STREET ADDRESS 660 LINTON BLVD STE 111-B  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE Vice President  
1.2 NAME Dolores J. Lewis  
1.3 STREET ADDRESS 10252 SW 12th ST  
1.4 CITY-ST-ZIP Pembroke Pines, FL 33025

2.1 TITLE Treasurer  
2.2 NAME Jerry H. Lewis, SR.  
2.3 STREET ADDRESS 10252 SW 12th ST  
2.4 CITY-ST-ZIP Pembroke Pines, FL 33025

3.1 TITLE Secretary  
3.2 NAME Jerry H. Lewis, JR.  
3.3 STREET ADDRESS 7 Roosevelt DR.  
3.4 CITY-ST-ZIP Bristol, R.I. 02809

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

CR2E034 (9/96)