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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000048165 (2)

ORTHODONTICS PLUS, P.A.

| Principal Place of Business | Mailing Address | |
|-----------------------------|-------------------|--|
| 1975 SOUTH U.S. 1 | 1975 SOUTH U.S. 1 | |

| 1975 SOUTH U.S. 1 FT. PIERCE FL 34950 | | 1975 SOUTH U.S. 1 FT. PIERCE FL 34950 | 1975 SOUTH U.S. 1 FT. PIERCE FL 34950 | | Date Incorporated or Qualified | 3a. Date of Last Report |
|--|---|---|--|-----------------------|---|----------------------------------|
| | | | | | 06/28/1994 | 06/09/1995 |
| 2. Principal Place of Business | | 2a. Mailing Address | · | | 4. FEI Number 65-0504354 | Applied For Not Applicable |
| 21 | | | 26 | | 03-0304354 | \$8.75 Additional |
| Suite, Apt. # | ŧ, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | Fee Required |
| City 0 State | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| City & State | | 28 | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Count | у | 8. This corporation has liability for | intangible tax under s. 199.032, |
| 24 | 25 | 29 | 30 | | | □No |
| | 9. Name and Address of Curr | rent Registered Agent | | | 10. Name and Address of New F | tegistered Agent |
| | | | 8 | 1 Name | | |
| M & W | AGENTS, INC. | | E | 2 Street Addr | ress (P.O. Box Number is Not Acceptab | ole) |
| | DADELAND BLVD. | | | | | |
| PENTHO | | | 8 | 3 | | |
| | FL 33156 | | | 4 City | | 85 Zip Code |
| | | | | 1 | | FL T |
| or registers | o the provisions of Sections 607.05 ed agent, or both, in the State of F th, and accept the obligations of, S | lorida. Such change was authori ection 607.0505, Florida Statute | zed by the co is. | rporation s boa | ration submits this statement for the pu ird of directors. I hereby accept the app | omment as registered agent. Fam |
| SIGNATURE _ | Signature, typed or printed name of registered a | gent and title if application. (N | IOTE: Registere LA | jent signature regun. | | DATE |
| 12. | OFFICERS | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 |
| TITLE | D | ☐ D€LETE | 1.5 TITU | Ĭ | | ☐ Change ☐ Addition |
| NAME | PERLMUTTER, JEROME 8 | | 1.2 NAM | | | |
| STREET ADDRESS | 1975 SOUTH U.S. 1 | | 1.3 STR | ET ADDRESS | | |
| City-St-ZIF | FT. PIERCE FL 34950 | | | - S1 - ZIF | | Change D Addition |
| TITLE | | DELETE | 2 1 1111 | | | Change Addition |
| NAME | | | 2.2 NAV | E | | |
| STREET ADDRESS | | | 23 STR | ET ADDRESS | | |
| CI*Y-S*-ZIP | | | | - ST - ZIP | | E Observation |
| TITLE | | ☐ DELETE | 3 1 110 | | | Change Addition |
| NAME | | | 3 2 NAN | ŀΕ | | |
| STREET ADORESS | | | 3.3 ST6 | EET ADDRESS | | |
| CITY-ST-7IP | | | | '-ST-ZIP | | ED Observed ED Addition |
| TITLE | | ☐ DELFTE | 4 1 111 | 1 | | Change Addition |
| NAME | | | 4 2 NA | - | | |
| STREET ADDRESS | | | 43818 | FET ADDRESS | | |
| CITY - ST - ZIP | | | | (-S1-ZIP | | □ Ch □ Addit- |
| TITLE | | ☐ DEL€1E | 5 1 TIT | | | Change Maddition |
| NAME | | | 5 2 NA | /E | | |
| STREET ADDRESS | | | 5 3 STH | EET ADDRESS | | |
| CITY - ST- ZIP | | | | r-St-ZIP | | □ 0bases □ 43391 |
| TITLE | | DELETE | 6 1 TiT | LE | | ☐ Change ☐ Addition |
| NAME | | | 62 NA | AE . | | |
| STREET ADDRESS | | | 6.3 STF | EFT ADDRESS | | |
| CITY - ST - ZIP | | <u> </u> | 6 4 CIT | Y - ST - Z IP | | |

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 incorrate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comparation 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 iffcharteet, of the anatoment with an address.

SIGNATURE:

NATURE AND THE OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

2-10-96

407-460-3771

CR2E034 (12/95)