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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	1112	DIVISION OF	CORPOR	RATIO	113					
DOCUN 1. Corporation	MENT # P940	0006	60416 (2	2)							
LLORE	T & FIALKOW, M.D.S, P.	A.									
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Principal Place	of Business	Ma	ailing Address				}				4: 11010 0111 1011
8950 N KEND	DALL DR		8950 N KENDALL DR								
SUITE 405 MIAMI FL 33	H76		SUITE 405 MIAMI FL 33176								
MIAMI PL 33	0170		MIAMI PL 33176				3. Date Incorporated or Qua	lified	1	of Last R	•
							08/17/1994		<u> </u>)2/14/1 <u>9</u>	
¬ '	ace of Business	<u> </u>	Mailing Address				4. FEI Number			-	Applied For Not Applicable
Suite, Apt. #	# etc	26	Suite, Apt. #, etc.				65-0512292				Additional
2	,, 0.0.	27	Carto, 7 4x. n, oto.				5. Certificate of Status Desire	ed			Required
City & State	:		City & State	····			6. Election Campaign Finance	ing			0 May Be
Zip	Country	28	Zip	T Co	untry		Trust Fund Contribution 8. This corporation has liabile	1v.for			d to Fees 199.032.
	25	29	,	30	,		Florida Statutes		□ No		
	9. Name and Address of Curr	rent Regis	tered Agent				10. Name and Address of I	New P	egistered	Agent	
					81	Name					
FIALKO	w, Jonathan a				82	Street Add	iress (P.O. Box Number is Not Acc	ceptab	le)		
	KENDALL DR				B3						
SUITE 4					63						
MIAMI F	FL 33176				84	City			FL	85 Zi	p Code
Carried With	in, and accept the congenions on or			S		oration's boa					
	Signature, typied or printed name of registered ag	gent and title if a	 	OTE: Registere			ed when reinstaling)		DATE		
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oath; that I am an officer or director of the corporation or the receiver or to stee empowered to execute this report as required by Chapter 607, Florida Statutes; and appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE: _

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR