

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

**APPROVED AND FILED**

95 APR 28 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION  
ANNUAL REPORT  
1995

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

DOCUMENT # **P94000065213 (8)**

1. Corporation Name

**JOSE R. ABADIN, D.D.S., P.A.**

Principal Place of Business  
**555 BILTMORE WAY STE. 103  
CORAL GABLES FL 33134**

Mailing Address  
**555 BILTMORE WAY STE. 103  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/06/1994**

3a. Date of Last Report

4. FEI Number  
**65-0521322**

Applied For  
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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, RAFAEL A  
75 VALENCIA AVENUE FOURTH FLOOR  
CORAL GABLES FL 33134**

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 renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>
NAME	<b>ABADIN, JOSE R</b>
STREET ADDRESS	<b>555 BILTMORE WAY STE. 103</b>
CITY - ST - ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110 (7)(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 its authorized officer or director or its authorized agent, and that my name appears in Block 12 or Block 13 if changed, or on an attached list with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/25/95 X (309) AAL-1584