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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000091330 (8)

GARY S. NORKIN, D.D.S., P.A. Principal Place of Business Mailing Address 951 N.W. 13 STREET 951 N.W. 13 STREET SUITE 3C SUITE 3C DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33486 BOCA RATON FL 33486** 3. Date Incorporated or Qualified <u>12/16/1994</u> 2, Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0554204 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Country Zισ 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 Personal Property Tax due June 30. 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name NORKIN, GARY S 951 N.W. 13 STREET Street Address (P.O. Box Number is Not Acceptable) Suite 3C 63 **BOCA RATON FL 33486** 84 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 hance of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE NORKIN, GARY S NAME 1.2 NAME 951 N.W. 13 STREET, SUITE 3C STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ■ Addition TITLE 3.3 STREET ADDRESS STREET ADDRESS

CITY-SI-ZIP 14. I 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 supplient with 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 air attachment with an aediess.

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-S1-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

DELETE

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Change

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Addition

Addition

Addition

FILED

Apr 03 1998 8:00am

Secretary of State