

2-9-98 B 1749 C
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Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000094336 (2)

1. Corporation Name

KEY WEST DENTAL ASSOCIATES, INC.

Principal Place of Business

3146 NORTHSIDE DRIVE
SUITE 101
KEY WEST FL 33040

Mailing Address

3146 NORTHSIDE DRIVE
SUITE 101
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1994

4. FEI Number

65-0551364

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SCHIFF, JON
3146 A NORTHSIDE DRIVE
KEY WEST FL 33040

10. Name and Address of New Registered Agent

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

Jon Schiff DDS
Signature, typed or printed name of Registered agent and title if applicable.

Jon Schiff DDS

5 JAN 97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SCHIFF, JON E
STREET ADDRESS 3146 NORTHSIDE DR., STE. 101
CITY-ST-ZIP KEY WEST FL 33040

TITLE V ☒ DELETE
NAME GUZMAN, HECTOR A
STREET ADDRESS 3146 NORTHSIDE DR., STE 101
CITY-ST-ZIP KEY WEST FL

TITLE TS ☒ DELETE
NAME SCHIFF, LINDA
STREET ADDRESS 3146 NORTHSIDE DR
CITY-ST-ZIP KEY WEST FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME V
2.3 STREET ADDRESS SCHIFF, LINDA
2.4 CITY-ST-ZIP 3146 NORTHSIDE DR
KEY WEST, FL. 33040

3.1 TITLE TS ☒ Change ☒ Addition
3.2 NAME ROTHBERG, COLLEEN
3.3 STREET ADDRESS 3146 NORTHSIDE DR
3.4 CITY-ST-ZIP KEY WEST, FL. 33040

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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.

SIGNATURE:

Jon Schiff DDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Schiff DDS

5 JAN 97

(305) 293 9490

CR2E034 (10/97)