

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000010773 (6)

1. Corporation Name

ALBERTO Q DESPAIGNE D.D.S. P.A.



Principal Place of Business

9101 PARK DRIVE
MIAMI SHORES FL 33138

Mailing Address

9101 PARK DRIVE
MIAMI SHORES FL 33138

3. Date Incorporated or Qualified

02/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0522006

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 ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DESPAIGNE, ALBERTO Q
9101 PARK DRIVE
MIAMI SHORES FL 33138

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 607.0605, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and the date of signature)

(If applicable, typed or printed name of registered agent and the date of signature)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DESPAIGNE, ALBERTO Q
STREET ADDRESS 9101 PARK DRIVE
CITY-ST-ZIP MIAMI SHORES FL 33138

DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change Addition

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 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 and the report appears in Block 12 or Block 13, and, or on an alternate line with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/96

305-758-6684

CR2E034 (12/95)