FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000021950 (7)**

1. Corporation Name

PETER B. SOBEL, D.D.S., P.A.

Principal Place of Business	Mailing Address
1490 WEST 49TH PLACE SUITE 370 HIALEAH FL 33012	1490 WEST 49TH PLACE SUITE 370 HIALEAH FL 33012

2. Principal Place of Business (21)	same
Suite, Apt. #, etc. (22)	
City & State (23)	
Zip (24) / Country (25)	
2a. Mailing Address (26)	same
Suite, Apt. #, etc. (27)	
City & State (28)	
Zip (29) / Country (30)	

3. Date Incorporated or Qualified	03/17/1995
3a. Date of Last Report	N/A
4. FEI Number	65-0565030 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired N/A ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution N/A ☐	$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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

(11) Name: Peter B. Sobel
(12) Street Address (P.O. Box Number is Not Acceptable): 1490 W 49 pl ST 370
(13) City: Hialeah, Fla 33012
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] DDS — 1-16-96
(Signature of the printed name of registered agent and the title of officer) (TITLE, if applicable) (Signature required when resigning) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	(11) TITLE	☐ Change ☐ Addition
NAME	SOBEL, PETER B	(12) NAME	
STREET ADDRESS	1490 WEST 49TH PLACE SUITE 370	(13) STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	(14) CITY-ST-ZIP	
TITLE	☐ DELETE	(21) TITLE	☐ Change ☐ Addition
NAME		(22) NAME	
STREET ADDRESS		(23) STREET ADDRESS	
CITY-ST-ZIP		(24) CITY-ST-ZIP	
TITLE	☐ DELETE	(31) TITLE	☐ Change ☐ Addition
NAME		(32) NAME	
STREET ADDRESS		(33) STREET ADDRESS	
CITY-ST-ZIP		(34) CITY-ST-ZIP	
TITLE	☐ DELETE	(41) TITLE	☐ Change ☐ Addition
NAME		(42) NAME	
STREET ADDRESS		(43) STREET ADDRESS	
CITY-ST-ZIP		(44) CITY-ST-ZIP	
TITLE	☐ DELETE	(51) TITLE	☐ Change ☐ Addition
NAME		(52) NAME	
STREET ADDRESS		(53) STREET ADDRESS	
CITY-ST-ZIP		(54) CITY-ST-ZIP	
TITLE	☐ DELETE	(61) TITLE	☐ Change ☐ Addition
NAME		(62) NAME	
STREET ADDRESS		(63) STREET ADDRESS	
CITY-ST-ZIP		(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 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 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 added above or on an attached amendment with an address.

SIGNATURE: [signature] Peter B Sobel 1/16/95 305 822-8551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)