

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000047573 (7)

1. Corporation Name

JERRY L. KLEIN, DDS, P.A.

Principal Place of Business

Mailing Address

2784 NE 24TH ST
LIGHTHOUSE POINT FL 33064

2784 NE 24TH ST
LIGHTHOUSE POINT FL 33064



3. Date Incorporated or Qualified

06/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9327 W. Sample Road

26 9327 W. Sample Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0597626

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

22 City & State

23 Coral Springs, FL

27 City & State

28 Coral Springs, FL

24 Zip

33065

Country

USA

29 Zip

33065

Country

USA

9. Name and Address of Current Registered Agent

KLEIN, JERRY L
2784 NE 24TH ST
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9327 W. Sample Road

83

84 City Coral Springs

FL

85 Zip Code 33065

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 reinstating.)

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRESIDENT
Dr. Jerry L. Klein
9327 W. Sample Road
Coral Springs, FL 33065

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-96 954-752-4044

Date

Daytime Phone #

CR2E034 (3/96)