

FILE NOW: FILING FEE AFTER MAY 1 IS \$22

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF
Sandra B. Morthar
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000089955 (5)

1. Corporation Name
LFG DENTAL, INC.

FILED
May 01, 1996 08:00 AM
Secretary of State



Principal Place of Business Mailing Address
4521 SHERIDAN ST
HOLLYWOOD FL 33021 4521 SHERIDAN ST
HOLLYWOOD FL 33021

2. Principal Place of Business 2a. Mailing Address
21 435 EAST SHERIDAN ST. 26 435 EAST SHERIDAN ST.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 DANIA, FL 28 DANIA, FL
Zip Country Zip Country
24 33004 25 BROWARD 29 33004 30 BROWARD

3. Date Incorporated or Qualified 11/21/1995 3a. Date of Last Report
4. FEI Number 65-0600457 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
GARCIA, LUISA F.
4521 SHERIDAN ST.
HOLLYWOOD FL 33021
TLC DENTAL
435 E. SHERIDAN ST.
DANIA FL 33008

Name LUISA F. GARCIA
Street Address (P.O. Box Number is Not Acceptable)
435 EAST SHERIDAN ST.

City DANIA FL 85 Zip Code 33004

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the agent
or registered agent, or both, in the State of Florida. Such change was authorized by the
board of directors, and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Luisa Garcia

Signature required when reinstating DATE 4/27/96

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 N.DRESS	
1.3 SZIP	
1.4 C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 T	
2.2 N.DRESS	
2.3 SZIP	
2.4 C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 T	
3.2 N.DRESS	
3.3 ZIP	
3.4 C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 T	
4.2 N.DRESS	
4.3 ZIP	
4.4 C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 T	
5.2 N.DRESS	
5.3 ZIP	
5.4 C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 T	
6.2 N.DRESS	
6.3 ZIP	
6.4 C	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and
certify that the information indicated on this annual report or supplemental annual report
oath; that I am an officer or director of the corporation or the receiver or trustee empov
appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Luisa Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

4/27/96 654/926-5888
Date Daytime Phone #

CR2E034 (12/95)