

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 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 #

1. Corporation Name P95000093573 (0)

D. THAKER & H. SHROFF, D.D.S., P.A.

Principal Place of Business

Mailing Address

5473 N. STATE RD. 7  
TAMARAC FL 33319

5473 N. STATE RD. 7  
TAMARAC FL 33319-2954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/08/1995

2. Principal Place of Business

2a. Mailing Address

21 10078 McNAB ROAD  
Suite, Apt. #, etc.

26 SAME  
Suite, Apt. #, etc.

4. FEI Number  
65-0629243

Applied For  
Not Applicable

22 City & State  
23 TAMARAC FL

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 Zip 33321 Country BROWARD

28 Zip Country

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

10. Name and Address of New Registered Agent

THAKER, DURGESH D  
1048 N.W. 19 ST  
CORAL SPRINGS FL 33071

61 Name

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

63

64 City

FL

65

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME THAKER, DURGESH  
STREET ADDRESS 5473 N. STATE RD. 7  
CITY-ST-ZIP TAMARAC FL 33319

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 10078 McNAB ROAD  
1.4 CITY-ST-ZIP TAMARAC FL 33321

TITLE D ☐ DELETE  
NAME SHROFF, HITESH  
STREET ADDRESS 5473 N. STATE RD. 7  
CITY-ST-ZIP TAMARAC FL 33319

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 10078 McNAB ROAD  
2.4 CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 100002484000  
5.4 CITY-ST-ZIP -04/10/98--01029--002  
\*\*\*150.00

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/98 0954  
720-9730

CR2E034 (10/97)