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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Corporation	N BAY ORTHODONTICS.	INC				
MISSICI	N DAT UNINCOUNTIOS,	INO.				
incipa' Place	of Business	Mailing Address		(10011241 110 (2101 AVID 00111 Editi)	E4111 45414 12141 B1501 01	186 stut 186: 188:
Mission Bay Plaza 0423 State Rd., #7. Ste. F-18 IOCA RATON FL 33498		MISSION BAY PLAZA 20423 STATE RD., #7.				
		BOCA RATON FL 33499		3. Date Incorporated or Qualified 12/11/1995 3a. Date of Last Report		
Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 650624368	}	Applied For Not Applicable
Suite, Apl. #	≓, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8. [*]	75 Additional se Required
City & State	3	City & State		6. Election Campaign Financing Trust Fund Contribution		.00 May Be
Ζφ	Country	Zip	Country	8. This corporation has liability for	intangible tax unde	
	25	29	30	Florida Statutes Yes 10. Name and Address of New F		
	9. Name and Address of Curr	em negistered Agent	81 Name	10. Italiio mile Mademas of Itali (grotor an ergolit	
KAWA, LARRY				ress (P.O. Box Number is Not Acceptal	blet	
	ANNT I BAY PLAZA		82 Street Add	reas (r. c. pox riuniber is not noteptal	0.07	
	TATE RD., #7, STE. F-18		83			
BOCA RATON FL 33498		84 City		FL 65	Zip Code	
 Pursuant t 	to the provisions of Sections 607.05	502 and 607.1508, Florida Statul	tes, the above named corpo	oration submits this statement for the pu	rpose of changing	its registered offic
or register	ed agent, or both, in the State of FI	lorida. Such change was authord	zed by the corporation's boa	oration submits this statement for the pu and of directors. I hereby accept the app	urpose of changing pointment as registe	its registered officered agent. I am
or registeri familiar wit	red agent, or both, in the State of FI th, and accept the obligations of S	lorida. Such change was authori Action 607,0505, Florida Statute:	zed by the corporation's boa	oration submits this statement for the purard of directors. I hereby accept the app	rpose of changing pointment as register	its registered officered agent. I am
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TRACY KAWA SIGNATURE: . . .