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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

7420 N.W. 5TH ST. SUITE 104 LO I PLANTATION FL 33317

DOCUMENT # P9600030856 (4)

Mailing Address

7420 N.W. 5TH ST. SUITE 101 1 0 1 PLANTATION FL 333174611

PLANTATION PARK DENTAL ASSOCIATES, P.A.

3. Date Incorporated or Qualified 3a. Date of Last Report 04/09/1996 2. Principal Place of Busine 2a. Mailing Address 4. FEI Number Applied For 650659339 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 101 . \ (City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution П Added to Fees 23 28 Ζip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SULLIVAN, WILLIAM F 2401 E. ATLANTIC BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 410** 83 POMPANO BEACH FL 33062 84 85 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or pented name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. Change Addition DELETE TITLE D 1.1 TITLE NAME CARDOUNEL. ALEX D.D.S. 1.2 NAME Suite 101 7420 NW 5th ST. 2633 E. COMMERCIAL BLVD. 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33308 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 2.1 TITLE NAME RANGEL, RAUL D.D.S. 2.2 NAME Suite 101 2833 E. COMMERCIAL BLVD. 2.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33308 2 4 CITY-ST-7IP CITY - \$1 - ZIP __ Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City-St-ZIP CHY-ST-7IP Change Addition DELETE 4.1 TITLE THILE 4. 2 NAME NAMÉ 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition ■ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY - ST - 71P 14. I do 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 changed, or on an attackment with an address.