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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000093779 (2)

1. Corporation Name
THE ORTHODONTIC TEAM, P.A.

Principal Place of Business

7800 S.W. 87TH AVENUE
SUITE B-270
MIAMI FL 33173

Mailing Address

7800 S.W. 87TH AVENUE
SUITE B-270
MIAMI FL 33173-3570



3. Date Incorporated or Qualified
11/15/1996

3a. Date of Last Report
N/A

4. FEI Number
65-0710266

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

2. Principal Place of Business

21 315 SE 12th Street
Suite, Apt. #, etc.

2a. Mailing Address

26 315 SE 12th Street
Suite, Apt. #, etc.

22 City & State

23 Ft Lauderdale, FL

Zip

24 33316

Country

25 Broward

27 City & State

28 Ft Lauderdale FL

Zip

29 33316

Country

30 Broward

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 D ☐ DELETE
NAME STOLZENBERG, JOEL DDS
STREET ADDRESS 7800 S.W. 87TH AVE, STE B270
CITY- ST- ZIP MIAMI FL 33173

TITLE D ☐ DELETE
NAME LIPTON, ALAN DDS
STREET ADDRESS 7800 S.W. 87TH AVE, STE B270
CITY- ST- ZIP MIAMI FL 33173

TITLE D ☐ DELETE
NAME LIPTON, ROSS DDS
STREET ADDRESS 7800 S.W. 87TH AVE, STE B270
CITY- ST- ZIP MIAMI FL 33173

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

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 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. LIPTON

4-17-1997 254-5270103

Date Daytime Phone

CR2E034 (9/96)