

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90003 032 \*\*\*150.00

DOCUMENT # P96000093779

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

Principal Place of Business

315 SE 12TH ST  
FT LAUDERDALE FL 33316  
US

Mailing Address

315 SE 12TH ST  
FT LAUDERDALE FL 33316  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1996

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 owes the current year intangible  
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 2485 E Sunrise Boulevard  
Suite, Apt. #, etc.

22 Suite 206

23 Ft. Lauderdale, FL

24 33304

25 US

2a. Mailing Address

26 2485 E Sunrise Blvd  
Suite, Apt. #, etc.

27 Suite 206

28 Ft. Lauderdale, FL

29 33304

30 US

9. Name and Address of Current Registered Agent

LIPTON, A  
315 SE 12TH ST  
FT LAUD FL 33316

10. Name and Address of New Registered Agent

81 Name

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

83 Suite 206

84 City

Ft. Lauderdale

FL

85 Zip Code  
33304

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 2/16/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME PSD  
William M. CHAIS  
13 STREET ADDRESS 1 NE 23rd Avenue  
14 CITY-STATE-ZIP Pompano Beach, FL 33062

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0299207