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Apr 28, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secret ₃ry of State DIVISION OF CORPORATIONS

DOCUMENT # P9600093779

1. Corporation Name

THE ORTHODONTIC TEAM, P.A.

Principal Pace	e of Business	Mailing Address		4 (80)(80) III JUIN GILLI OSIN OSIN OSIN	Olifi ininn ittil fosti (Shin Inti inni
315 SE 12TH+6T ET LAUDERDALE PL 33316 US*		, 315 3E 12TH S T FT. LAUDERDALE F L 333:6 US		DO NOT WRITE IN T	HIS SPACE
00				3. Date Incorporated or Qualifed	
				11/15/1996	
2. Principal Pl	lace of Business	2a. Mailing Address	. 01 1	1 4. FEI Number	Aprilled For
212485	& Sunrise BoulevAR	26 2485 8.	unase Bluel	65-0710266	Not Applicable
Suite, Apt.	#, etc. 10, 206	Suite, Apt. #, etc.	206	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	anderdule FL	City & State 28 Ff. Laudi	dale FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Žip 24 <i>833</i> 59	4 [25] U.S	29 3338 4	30 U.S	This corporation owes the current year Persor al Property Tax.	☐ Yes 【XNo
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Register	ed Agent
. 1. 41300			81 Name	account Ifton L	ass I
**************************************				ress (P.O. Box Number is Not Acceptable)	
				E. Sunrise Boule	UAKO
mu	AUD PE 303 IB		83 , \(\sigma_1\)	to 2156	
			84 City	/ 1 1 1	85 Zip Code
			77.	Landerellele	L 333 94
11. Pursuant	to the provisions of Sections 607.0502 a	an €607.1508, Florida Statu: ≸lorida. Such change was a	es, the above-named corp uthorized by the corporati	poration submits this statement for the purpose ion's board of cirectors. I hereby accept the ap	ppointment as registered
agent. a	m familiar with, and accept the obligation	ns of, Section 607.0505, Flo	rida Statutes.	2	1110/00
SIGNATURE!	Ca b	21-	Registered Agent signature require	DAY	7777 -
12.	Signature, typed or printed name of registered agents OFFICERS AND	The state of the s	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
	OFF IOLING PARE				
	n /	☐ DELETE	11 TITLE		Change
TITLE	D STOLTENBERG_LOEL_DDS	☐ DELETE	11 TIFLE 12 NAME	illiam M. CHAIS	Change , Jan Addition
NAME	STOLZENBERG, JOEL ODS	☐ DELETE	12 NAME 1.2 NAME 1.3 STREET ADDRESS	VILLIAM M. CHAIS	Change
NAME STREET ADDRESS	STOLZENBERG-JOEL ODS -7800 S.W. 87TH AVE, STE B270	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST-ZIP	ME 23 TH AVENUE	33062
NAME STREET ADDRESS CITY-ST-ZIP	STOLZENBERG_JOEL_ODS -7800-S.W. 87TH AVE, STE B270 MIAMLEL_33173		12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	SILIAM M. CHAIS NE 23 El Avenue Compaco Beach, FL	.33.62
NAME STREET ADDRESS CITY-ST-ZIP TITLE	STOLZENBERG_JOEL_ODS -7800 S.W. 87TH AVE, STE B270 MIAMLEL_33173 D	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ME 23 - Avenue Compago Black, FL	33062
NAME STREET ADDRE: S CITY-ST-ZIP TITLE NAME	STOLZENBERG_JOEL_ODS -7800 S.W. 87TH AVE, STE B270 MIAMLEL_33173 D LIPTON, ALAN DDS		12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	MILIAM M. CHAIS NE 23 - AVENUE BOMPAGO BRACK, FL	33062
NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME STREET ADDRE:S	STOLZENBERG_JOEL_DDS -7890-S.W. 87TH AVE, STE-B270 MIAMLEL-33173 D LIPTON, ALAN DDS 7890-S.W. 87TH AVE, STE-B270		12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ME 23 TO ALRACE ROMPAGO BRACK, FL	33062
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STOLZENBERG, JOEL DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ALAN DDS 7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173		12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ME 23 TO ALRACE BON PAGO BEACH, FL	33062
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STOLZENBERG, JOEL DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ALAN DDS 7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D	☐ DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VILLIAM M. CHAIS NE 23 - ALRIUE BON PAGO BEACH, FL	.33062: Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CTOLZENBERG, JOEL DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ALAN DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ROSS DDS	☐ DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	VILLIAM M. CHAIS NE 23 - ALRIUE BON PAGO BEACH, FL	.33062: Addition
NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME STREET ADDRE:S	STOLZENBERG, JOEL DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ALAN DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ROSS DDS -7800 S.W. 87TH AVE, STE B270	☐ DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	VILLIAM M. CHAIS NE 23 - ALRIUE BON PAGO BEACH, FL	.33062: Addition
NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME STREET ADDRE:S CITY-ST-ZIP STREET ADDRE:S CITY-ST-ZIP	CTOLZENBERG, JOEL DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ALAN DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ROSS DDS	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	VILLIAM M. CHAIS NE 23 5 AVENUE BON PAGO BEACH, FL	.33062: Addition
NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME STREET ADDRE:S CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE	STOLZENBERG, JOEL DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ALAN DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ROSS DDS -7800 S.W. 87TH AVE, STE B270	☐ DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	VILLIAM M. CHAIS NE 23 5 AVENUE BON PAGO BEACH, FL	Change Addition
NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME	STOLZENBERG, JOEL DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ALAN DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ROSS DDS -7800 S.W. 87TH AVE, STE B270	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	VILLIAM M. CHAIS NE 23 El Avenue Bon PAGO BEACH, FL	Change Addition
NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME STREET ADDRE:S	STOLZENBERG, JOEL DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ALAN DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ROSS DDS -7800 S.W. 87TH AVE, STE B270	☐ DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	VILLIAM M. CHAIS NE 23 ES AVENUE BON PAGO BEACH, FL	Change Addition
NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME STREET ADDRE:S CITY-ST-ZIP	STOLZENBERG, JOEL DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ALAN DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ROSS DDS -7800 S.W. 87TH AVE, STE B270	☐ DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SILLIAM M. CHAIS NE 23 El AVENUE BON PAGO BEACH, FL	Change Addition
NAME STREET ADDRE:\S CITY-ST-ZIP TITLE NAME	STOLZENBERG, JOEL DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ALAN DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ROSS DDS -7800 S.W. 87TH AVE, STE B270	☐ DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	Silliam M. CHAIS NE 23 Ed Avenue Bon PAGO Beach, FL	Change Addition
NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME	STOLZENBERG, JOEL DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ALAN DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ROSS DDS -7800 S.W. 87TH AVE, STE B270	☐ DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 TITLE	Silliam M. CHAIS NE 23 Ed Avenue Bon PAGO Beach, FL	Change Addition
NAME STREET ADDRE:\S CITY-ST-ZIP TITLE NAME STREET ADDRE:\S CITY-ST-ZIP	STOLZENBERG, JOEL DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ALAN DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ROSS DDS -7800 S.W. 87TH AVE, STE B270	☐ DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	Silliam M. CHAIS NE 23 Ed Avenue Bon PAGO Beach, FL	Change Addition
NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME	STOLZENBERG, JOEL DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ALAN DDS -7800 S.W. 87TH AVE, STE B270 MIAMI FL 33173 D LIPTON, ROSS DDS -7800 S.W. 87TH AVE, STE B270	☐ DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Silliam M. CHAIS NE 23 Ed Avenue Bon PAGO Beach, FL	Change Addition

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 troutee 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATU TE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

959-567-1640