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FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000003484 (7)

1. Corporation Name

MARK R. SKAFF DDS, P.A.

Principal Place of Business

11645 BISCAYNE BLVD #403
MIAMI SHORES FL 33181

Mailing Address

11645 BISCAYNE BLVD #403
MIAMI SHORES FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1997

4. FEI Number

65-0721952

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30

☒ Yes

☐ No

2. Principal Place of Business

21 11645 BISCAYNE BLVD
Suite, Apt. #, etc.

22 SUITE 403

City & State

23 MIAMI, FL

Zip 33181

Country

24 DADE

2a. Mailing Address

26 11645 BISCAYNE BLVD.
Suite, Apt. #, etc.

27 SUITE 403

City & State

28 MIAMI, FL

Zip 33181

Country

29 DADE

9. Name and Address of Current Registered Agent

SKAFF, MARK R DDS
11645 BISCAYNE BLVD #403
MIAMI SHORES FL 33181

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SKAFF, MARK R DDS
STREET ADDRESS 11645 BISCAYNE BLVD. STE 403
CITY-ST-ZIP MIAMI, FL 33181

TITLE VP
NAME SKAFF, ORLANDO L. DDS
STREET ADDRESS 11645 BISCAYNE BLVD. STE 403
CITY-ST-ZIP MIAMI, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, trustee, or assignee 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

MARK R. SKAFF DDS 04/15/98 (305) 895-3355

CR2E034 (10/97)