

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000054133 (8)
 1. Corporation Name
SHALOM AMSELEM, DDS, P.A.



Principal Place of Business 4935 SARAZEN DRIVE HOLLYWOOD FL 33021	Mailing Address 4935 SARAZEN DRIVE HOLLYWOOD FL 33021
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1001 Ives Dairy Rd	26 Same			06/18/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
# 103				650768684	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
North Miami Beach FL				\$8.75 Additional Fee Required	
23 Zip		28 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
33179		USA		\$5.00 May Be Added to Fees	
24		25		29	
				30	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMSELEM, SHALOM DDS 4935 SARAZEN DRIVE HOLLYWOOD FL 33021				81 Name AMSELEM SHALOM DDS			
				82 Street Address (P.O. Box Number is Not Acceptable) 1001 Ives Dairy Rd #103			
				83			
				84 City North Miami Beach FL 85 Zip Code 33179			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	AMSELEM, SHALOM DDS	1.2 NAME	Amselem Shalom DDS
STREET ADDRESS	4935 SARAZEN DRIVE	1.3 STREET ADDRESS	1001 Ives Dairy Rd #103
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	North Miami Beach FL 33179
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 registrant or duly 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: *Shalom Amselem* Date: **1-28-98** (205) 6523412

CR2E034 (10/97)