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**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90092 003 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000054133

1. Corporation Name,  
 SHALOM AMSELEM, DDS, P.A.



Principal Place of Business: ~~1001 IVES DAIRY RD #103 N MIAMI BCH FL 33179 US~~  
 Mailing Address: ~~3335 SARAZEN DRIVE HOLLYWOOD FL 33021~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2630 N.E. 203 ST. Suite, Apt. #, etc. 22  
 2a. Mailing Address: 26 2630 N.E. 203 ST. Suite, Apt. #, etc. 27  
 City & State: 23 NO. MIAMI BEACH, FL Country: 28 NO. MIAMI BEACH, FL  
 Zip: 24 33180 25 29 33180 30

3. Date Incorporated or Qualified: 06/18/1997  
 4. FEI Number: 65-0768684 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  
 7. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
 AMSELEM, SHALOM DDS  
~~1001 IVES DAIRY RD #103 N MIAMI BCH FL 33179~~

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable): 2630 N.E. 203 ST.  
 83  
 84 City: NO. MIAMI BEACH FL 85 Zip Code: 33180

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AMSELEM, SHALOM DDS	
STREET ADDRESS	<del>1001 IVES DAIRY RD, #103</del>	
CITY-ST-ZIP	<del>N MIAMI BEACH FL 33179</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2630 N.E. 203 ST.
1.4 CITY-ST-ZIP	NO. MIAMI BEACH, FL 33180
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 REQUIRED

122499305-931-1888  
 Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2F034-11/98