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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000066898 (2)

BROWARD COUNTY DENTAL SERVICES OF LAUDERDALE-BY-THE-SEA, INC.

**FILED** May 11 1998 8:00am Secretary of State



Principal Place of business		Mailing Adoress				
231 COMMERCIAL BLVD. LAUDERDALE-BY THE SEA FL 33308		231 COMMERCIAL BLVD. Lauderdale-by the sea fl 33308				
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
A 555-10	lace of During	On Marillon Address			08/01/1997	
<b></b> '		2a. Mailing Address	Mailing Address		4. FEI Number 65-078 4873	Applied For
21		26 Crite Act # ate			03-018 78 73	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State		6. Election Campaign Financing	
23		28	— ·		Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip Country Zip		Country		8. This corporation owes or has paid the cur	
24	25	29	30		Personal Property Tax due June 30. Yes X No	
	9. Name and Address of Curre				10. Name and Address of New Registered	Agent
KR	AVITZ, CARRIE	·· ··· · · · · · · · · · · · · · · · ·	6	Name /	"anda Karabla	
STE. 200, 20803 BISCAYNE BLVD.				20 00 00 00	Carrie Kravitz	
AVENTURA FL 33180			6		dress (P.O. Box Number is Not Acceptable) 688 Edgewater Court	
74	ENTOIN 12 00 100		) e	33	o a rayeratti coott	
			[6	City	Nestad FL	85 Zip Code
44 Durayani	to the provisions of Sections 607 Of	02 and 607 1000 Florida Cta	tuton the obe		rporation submits this statement for the purpose of	
office or r	egistered agent, or both, in the Sta	te of Florida. Such change wa	as authorized	by the corpora	ation's board of directors. I hereby accept the app	ointment as registered
agent. I a		igations of, Section 607.0505,	, Florida Stat <del>u</del>	tes / - /		
SIGNATURE	Carrie Kravitz		am	Kut	Tirod when reinstating) 4.2.7-	98
46	Signature typed or printed name of registered a	gen and tile it applicable (f ND DIRECTORS	NOTE: Registered /	Agent Signature	ADDITIONS/CHANGES TO OFFICERS AND	
12.	DITIOLISA	DELETE	1.1 TITU		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
	KRAVITZ, CHARLES	L. J OFLETE	1	1		Li change Li Addition
NAME			1.2 NAM	ľ		
STREET ADDRESS	LAUDEDDALE DV THE CEA EL 22200		1	FET ADDRESS	,	
CITY-ST-ZIP				'-SI-ZIP		T Alexander
TITLE	SV	L_ DELETE	2.1 TITL			Change Addition
NAME	KRAVITZ, MICHAEL		2.2 NAM			
STREET ADDRESS	231 COMMERCIAL BLVD.	F1 40000	2.3 STR	EET ADDRESS		
CITY-ST-ZIP	LAUDERDALE-BY THE SEA			Y-ST-ZIP		
TITLE .		☐ DELETE	3.1 TITU	E		☐ Change ☐ Addition
NAME			3.2 NAM	le		
STREET ADDRESS			3.3 STR	EET ADDRESS		
CITY-ST-ZIP			3.4. CITY	Y-ST-ZIP		
TITLE		☐ DELE <b>te</b>	4.1 TITL	E		Change Addition
NAME			4. 2 NAN	WE		
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP			4.4 CITY	'-ST-ZIP		
TITLE		DELETE	5.1 TITU	E		Change Addition
NAME			5.2 NAM	IE .		
STREET ADDRESS			5.3 STRI	EET ADDRESS		
CITY-ST-ZIP			5.4 CITY	'- \$1 - ZIP		
TITLE		DELETE	6.1 TITL			☐ Change ☐ Addition
NAME			6.2 NAM	NE		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP			1	- ST- ZIP		
0111-01-2Ir	· <del></del>		0.4 (111	J1 ZII		

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