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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000096363

1. Corporation Name

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90214 020 ***150.00

COSME	TIC DENTAL CENTER, INC.								
Principal Place	e of Business	Mailing Address				E IMBILIANI IIB IBITI IBBIL BATI	13 00 131 00 311 0 0110 :	*#110 #1100 #1110	. 8188 1121 1891
2717 E OAKLAI		2717 E OAKLAND PARK BL	.VD						
FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306									
							VRITE IN THIS	SPACE_	
						ite Incorporated or Quali	rea		
		44-21: Add				1/12/1997		<u></u>	aplied For
· `	lace of Business	2a. Mailing Address				4. FEI Number Applied For 65-0794939 Not Applicable			
21	# **-	Suite, Apt. #, etc.			00				Additional
Suite, Apt.	#, etc.	⊢ , '', '			5. Ce	ertifcate of Status Desired	d 🔲	·	aguired
22 City & Stat	g	27 City & State			a Fla	ection Campaign Financi	ing		*** -
23		28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip				try	8. Th	is corporation owes the	current year Int	angible	
24	25 29 30				Personal Property Tax.				
,,	9. Name and Address of Current				10. Na	ame and Address of Ne	w Registered	Agent	
				31 Name		_			
	tz, reuben		-	32 Street	Address (P.O.	Box Number is Not Acc	entable)		
	' E OAKLAND PARK BLVD		[J. Ollock	/ ladicoo (/ .o.	Address (P.O. Box Number is Not Acceptable)			
FOR	T LAUDERDALE FL 33306		[1	33	·				ļ
			١.	34 City				85 Zip	Code
			1	1	•		FL	. _	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the ab	ove-named	corporation su	bmits this statement for	the purpose of	changing its	registered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was at ions of Section 607.0505. Flor	uthorized i rida Statut	oy the corp es.	oration s board	of directors. I hereby at	ссері іне арроі	innent as re	gistered
}	in landing the grade and oping an								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	gent signature	required when reinst		DATE		
12.	OFFICERS AND		13.		Y	DITIONS/CHANGES TO	OFFICERS AN		
TITLE	P DELETE			1.1 TITLE		<u> </u>	_	Change	Addition
NAME	HERTZ, REUBEN			1.2 NAME JU		CAMANICCAS	PAR ALUE	1	
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3 IKEE I ADDRESS		☐ DELETE	2.1 TITL 2.2 NAM	<u>- ST-ZIP</u>	2717 E FT. LA	T. OAKLAND PI UDERDALE FL	33306		Addition
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14. I hereby certify that the information supplied with this fifing 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 of the corporation or the receiver of the repowered 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 attachnight with an atdress, with all other like empowered.

SIGNATURE: _

SIGNIZIZEV REQUIRED SIGNATURE AND TYPED OF FINITED NAME OF SIGNING OFFICER OR DIRECTOR