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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000099145 (9)

DELRAY WEST DENTAL ASSOCIATES, PA

Block 12 or Block 13 if changed, or on an attachment with an address

FILED May 06 1998 8:00am Secretary of State



21-0

Principal Place of Business Mailing Address 240 WEST PALMETTO PARK ROAD 240 WEST PALMETTO PARK ROAD **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 15127 Jog Road 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 <u>Suite 104</u> City & State 6. Election Campaign Financing \$5.00 May Be Delray Beach, Florida 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has pald the current year Intangible 33446 USA ☐ Yes Personal Property Tax due June 30. 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSS, STANLEY E DDS 240 WEST PALMETTO PARK ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 84 City 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** Standure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ___ Addition DELETE Change TITLE 1.1 TITLE ROSS, STANLEY E 1.2 NAME 240 WEST PALMETTO PARK ROAD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33431** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STILLMAN, LESLIE NAME 2.2 NAME 240 WEST PALMETTO PARK ROAD STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 THILE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS E. Ar pas CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ___ Addition Change TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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