

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90047 044 ***158.75

DOCUMENT # P98000032550

1. Corporation Name

**ORTHODONTIC PRACTICE OF CLIFFORD MARKS, D.D.S.,
P.A.**



Principal Place of Business

**7400 N. KENDALL DRIVE
MIAMI FL 33156**

Mailing Address

**% IVAN A. GOMEZ, P.A.
601 BRICKELL KEY DR., STE. 507
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1998

4. FEI Number
65-0832203

Applied For
☐ Not Applicable

2. Principal Place of Business

21 7400 N. KENDALL DR.

2a. Mailing Address

26 7400 N. KENDALL DR.

Suite, Apt. #, etc.

22 604

Suite, Apt. #, etc.

27 604

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33156 25 USA

Zip

29 33156 30 USA

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GOMEZ, IVAN A
601 BRICKELL KEY DR., STE. 507
MIAMI FL 33131**

10. Name and Address of New Registered Agent

**81 Name Ivan A. Gomez, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive
83 Suite 507
84 City Miami FL 85 Zip Code 33131**

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 **Ivan A. Gomez, P.A. By: [Signature], Pres. 1/28/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
D
NAME **MARKS, CLIFFORD**
STREET ADDRESS **7400 N. KENDALL DRIVE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 I am not a Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PLEASE SIGN
& DATE**

CR2E034 (11/98)