SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

99 JUL -6 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000055015

1. Corporation Name
ORTHODONTIC ASSOCIATES OF WEST BROWARD, P.A.

[redacted]

Principal Place of Business	Mailing Address
8200 WEST SUNRISE BLVD SUITE B-3 PLANTATION FL 33322-5428	8200 WEST SUNRISE BLVD SUITE B-3 PLANTATION FL 33322-5428

150499 90120 009 $150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1998

2. Principal Place of Business
21 8200 West Sunrise Blvd
22 Suite B-3
23 Plantation, Fl
24 Zip 33322 25 Country USA

2a. Mailing Address
26 8200 West Sunrise Blvd
27 B-3
28 Plantation, Fl
29 Zip 33322 30 Country USA

4. FEI Number 65-0844984 ☐ 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. ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

ZISKIND & ARVIN, P.A.
444 BRICKELL AVENUE SUITE 905
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Robert Rappel - Rappel & Rappel P.A.
82 Street Address (P.O. Box Number is Not Acceptable) Oak Point Professional Cntr
83 5070 Hwy A1A, North, # 221
84 City Vero Beach FL 85 Zip Code 32963

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 _____ Robert Rappel, Esq. 7-2-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/T/Director James T. Yang 11031 Redhawk St Plantation, Florida 33324	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 7/2/99

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.

SIGNATURE: James T. Yang 7-2-99 954-476-4631

(2)

LAW OFFICES
RAPPEL & RAPPEL
A PROFESSIONAL ASSOCIATION

OAK POINT PROFESSIONAL CENTER
SUITE 221
5070 HIGHWAY A1A, NORTH
VERO BEACH, FLORIDA 32963-1216
TELEPHONE 561.231.7223
FACSIMILE 561.231.8824
e-mail rappellaw@pdmnet.com

ROBERT RAPPEL, D.O., J.D.*
CRAIG M. RAPPEL**
MICHAEL B. RAPPEL**
* MEMBER FLORIDA AND DC BAR
** BOARD CERTIFIED CRIMINAL TRIAL LAWYER
*OF COUNSEL

SUNTRUST TOWER
SUITE 740
100 RIALTO PLACE
MELBOURNE, FLORIDA 32901
TELEPHONE 407.956.0950

Reply to Vero Beach

July 2, 1999

Division of Corporations
Reinstatment Division
Florida Department of State
409 Gaines Street
Tallahassee, Florida 32399

VIA FEDERAL EXPRESS
809018723696

Re: Orthodontic Associates of West Broward, P.A.

Dear Sirs:

Enclosed please find the completed 1999 Profit Corporation Annual Report Second Notice Form for the above referenced corporation. The corporation did not receive the letter requesting completion of Block #4 from your office along with the original Annual Report, hence the need for this letter and the refiling by way of the Second Notice. Please note that you have already received this firm's check in the amount of $150.00 for the annual fee.

Should you have any questions in regard to the enclosed, please do not hesitate to contact this office.

Very truly yours,

Rappel & Rappel, P.A.

Sheila D. Parris, Legal Assistant
For the Firm

Enc.

cc: Dr. James T. Yang