

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
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95 MAY -1 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Samora B. Morrison Secretary of State TALLAHASSEE, FLORIDA 32399-0001
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DOCUMENT # S48781 (6)

1. Corporation Name
MARTIN D. BALOFF, D.D.S., P.A.

Principal Place of Business 14433 S. DIXIE HIGHWAY MIAMI FL 33176	Main Address 14433 S. DIXIE HIGHWAY MIAMI FL 33176
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/30/1991	3a. Date of Last Report 10/05/1994
21	22	26	27	4. FFI Number 65-0260772	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. # etc.		Suite, Apt. # etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent

**BALOFF, MARTIN D.
14433 S. DIXIE HIGHWAY
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) 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 607.04(2) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BALOFF, MARTIN D.
STREET ADDRESS	14433 S. DIXIE HIGHWAY
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

D/P/S/V/T

14 TITLE	
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	
34 TITLE	
35 NAME	
36 STREET ADDRESS	
37 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 133 (2)(b), Florida Statutes. I further certify that the information indicated on the 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 of this report, or in an addendum with an address.

SIGNATURE: *Martin D. Baloff, DDS Presy 4/30/95 305 251 4925*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR