

**DOCUMENT # S98919**

**1. Entity Name**

**HIALEAH SQUARE DENTAL ASSOCIATES.PA.**

04-10-2000 90107 018 \*\*\*150.00

| Principal Place of Business             | Mailing Address  |
|---|--|
| 4186 W 12 AVE<br>HIALEAH FL 33012<br>US | 12515 N KENDALL DR<br>STE 412<br>MIAMI FL 33186-1831<br>US |

|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |

|   |                |
|---|----------------|
| 4. FEI Number <b>65-0299898</b>   | Applied For    |
|   | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                |

| 6. Name and Address of Current Registered Agent                     |
|---|
| <p>GOBER, MELVIN<br/> 6600 W. 12TH AVENUE<br/> HIALEAH FL 33012</p> |

|  |  |
|--|--|
| <b>7. Name and Address of New Registered Agent</b> |  |
| Name   |  |
| Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  |
| City   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> FL </div> Zip Code |

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

| 11.  |   | OFFICERS AND DIRECTORS          |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>GOBER, MELVIN<br>11721 SPRINNAKER WAY<br>HOLLYWOOD FL        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>CAPLIN, HARVEY<br>20281 E COUNTRY CLUB DR<br>N MIAMI BEACH FL | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |

| 12.  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                 |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (9/99)