FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED Jan 16 1998 8:00am **PROFIT** FLORIDA DEPARTMEN CORPORATION Sandra B. Morl ANNUAL REPORT Secretary of State Secretary of Sta DIVISION OF CORPO ATIONS 1998 (3) DOCUMENT # MITCHELL F. GOLDSTEIN, OD. P.A. Mailing Address Principal Place of Business 701 N CONGRESS AVE 701 N CONGRESS AVE **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/31/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0300160 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GOLDSTEIN, MITCHELL F. 701 N CONGRESS AVE 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33426** 83 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstalling) Signature, typind or pricted name of registered agent and title if applicable 12. OF LICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition THILE D 1.1 TITLE NAME GOLDSTEIN, MITCHELL F. 1.2 NAME 701 NORTH CONGRESS AVE 1.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City - St - 7/P CITY - ST - ZIP DELETE Change Addition TILLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition THLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CH1Y - S1 - 7IP CITY-S1-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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 execut the product of the corporation or the receiver or trustee empowered to execut the corporation. 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 execut the corporation. 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 execut the corporation. 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 execut the corporation. 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 execut the corporation of the corporation or the receiver of the corporation or the receiver of the corporation of the c