FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V07282 (9)

1. Corporation Name
NANCY S. GREENBARG, D.M.D., P.A.

Principal Place of Business
11541 NW 35TH ST
SUNRISE FL 33323
US
650 S.E. 12d Street
ste # 206
DANIA Fl 33004

Mailing Address
11541 NW 35TH ST
SUNRISE FL 33323
US
650 SE 12th St
206
DANIA Fl 33004

3. Date Incorporated or Qualified: 01/16/1992
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business: 650 S.E. 12th Street
Suite, Apt. #, etc.: Ste 206
City & State: DANIA FL
Zip: 33004 Country: USA

2a. Mailing Address: 650 SE 12th St.
Suite, Apt. #, etc.: Ste 206
City & State: DANIA FL
Zip: 33004 Country: US

4. FEI Number: 65-0305961 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENBARG NANCY S
11541 NW 35TH ST
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name: GREENBARG NANCY S
82 Street Address (P.O. Box Number is Not Acceptable): 650 S.E. 12th St.
83 ste # 206
84 City: DANIA **FL** 85 Zip Code: 33004

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 [signature] DATE 2-9-96

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	PDS	☒ DELETE
NAME	GREENBARG, NANCY S.	
STREET ADDRESS	11541 NW 35TH ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDS	☒ Change ☐ Addition
1.2 NAME	GREENBARG Nancy S	
1.3 STREET ADDRESS	650 S.E. 12th St. ste #206	
1.4 CITY-ST-ZIP	DANIA FL 33004 (33004)	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-9-96 Daytime Phone #: 305 920 8334

CR2E034 (12/95)