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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

V71425 **DOCUMENT #**

(5)

MARTIN LEON, D.D.S., P.A.

		Mail and Addisons				-}			
Principal Place of Business Mailing Address									
9001-A PEMI		9001-A PEMBROKE F PEMBROKE PINES F	OLA PEMBROKE RO MODOKE PIMES EL 22025						
PEMBROKE PINES FL 33025 PEMBROKE PINES FL 3						3. Date Incorporated or Qualified 10/12/1992	Date of Last Report 03/28/1995		
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number			Applied For
		26				65-0365115			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		,	5 Additional
22		27							Required
Crty & State		—¬ '	City & State			6. Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
23 Zip	Zip Country Zip			ry	<u> </u>	8. This corporation has liability for i	ntangible		
24	25	29	30	,		Florida Statutes Yes			
	9. Name and Address of Currer					10. Name and Address of New R	egistere	d Agent	
			8	1	Name				
LEON	MARTIN		8	2	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	PEMBROKE RD		Ľ		Oli Coli Filadiro				
	OKE PINES FL 33025		8	3					
			8	14	City			85	Zip Code
			}		,	ation submits this statement for the pur	F	L i	
or registere familiar with	ed agent, or both, in the State of Flori n, and accept the obligations of, Sec	da. Such change was authoriz tion 607.0505, Florida Statutes	zed by the co 3	rpoi	ration's board	a of directors.) hereby accept the appl	omument.	as register	ed agent. i am
	Signature, typed or printed name of registered agen			gent	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ND DIDEC.	TODS IN 12
12.		ID DIRECTORS	13.	E		ADDITIONS/CHANGES TO OFF	ICERS A	Chang	
TITLE	D	L) becel	1.2 NAM						
NAME CONTEL ADDRESS	LEON, MARTIN 9001-A PEMBROKE RD			1 3 STREET ADDRESS					
STREET ADDRESS	PEMBROKE PINES FL		14 011						
CITY - ST - ZIP TITLÉ	PEMBRONE 1 INCO 1 C			2 11111.6				Chang	e 🔲 Addition
NAME			2 2 NAM	4E					
STHEET ADDRESS			23STRI	EET #	ADDRESS				
CITY-ST-ZIP			2.4.0114	í-\$1	- ZIF				
TITLE		DELETE	3 1 111	LF				Chang	e Addition
NAME			3.2 NAN	AE					
STREET ADDRESS			33 STF	REFT	ADDRESS				
CITY-ST-ZIP			3.4 CifY	_	1 - ZiP			C) Chan	a El Addition
TITLE		DELETE		4 1 TITLE				☐ Chang	e 🔲 Addition
NAME			4.2 NAM	-					
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP		רוו מנוכונ	5 1 TH		1 - ZIP			Chang	je [] Addition
TITLE		DELETE	5 1 111 5 2 NA1						
NAME					ADDRESS				
STREET ADDRESS			53 SIN						
CITY-ST-ZIP TITLE		DELETE	5 4 UII		- 215	,			ge 🔲 Addition
NAME			6.2 NAM						
STREET ACIDRESS					ADDRESS				
ļ			6 4 Cil						
CITY-ST-ZIP	L certify that the information supplier	with this fiting is voluntarily fur	reished and c	loes	s not qualify to	or the exemption stated in Section 119).07(3)(k),	Florida Sta	atutes. I further

rido nereby certify that the information indicated on this annual report or supplied and does not qualify for the exemption stated in Section 1.19.07(5)(k), Fronda Statutes. Turtiel certify that the information indicated on this annual report or suppliemental 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: _

Mas tou fe m for signing officer on Director

954-437-6400 Dayline Phone #