## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 523610

MICHAEL K. WILLIS, D.M.D., P.A.

## **FILED** Feb 10, 1999 8:00am **Secretary of State** 02-10-1999 90077 020 \*\*\*150.00



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Principal Plac		Mailing Address						
47 BARKLEY C FT. MYERS FL		47 BARKLEY CIRCLE S.W. FT. MYERS FL 33907					<b>\$</b>	
					DO NOT WRITE IN THI	S SPACE		ì
					3. Date Incorporated or Qualifed			
0 D-iiI D	N of Divisions	2 Mailing Addrson			01/01/1977 4. FEI Number	1 1 4	Bad Faa	
— ·	Place of Business	2a. Mailing Address	•			<u> </u>	olied For	100
21	# -1-	26			59-1714156		Applicable	3
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A Fee Re		- 53
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to		
Zip	Country	Zip	_ Country	<i>'</i>	8. This corporation owes the current year Ir			
24	25	29 3	0		Personal Property Tax.		□No	
	9. Name and Address of Curre	nt Registered Agent	04	Mana	10. Name and Address of New Registered	d Agent	·	
WILL	LIS, MICHAEL K.		81	Name				
47 BARKLEY CIRCLE S.W.		•	82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
FI.	MYERS FL 33907		83			Acceptance of the control of the con		
			84	City	11 5 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip C	óde	
11. Pursuant	to the provisions of Sections 607.056	02 and 607.1508. Florida Statutes	, the abov	e-named corpo	ration submits this statement for the purpose of	of changing its	registered	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	e of Florida. Such change was auth	horized by	the corporation	's board of directors. I hereby accept the appo	ointment as reg	jistered	
SIGNATURE								
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	egistered Ager	nt signature required v	when reinstating) 11// DATE			
								ά
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			1/08
TITLE	OFFICERS AN		13. 1.1 TITLE			ND DIRECTO	RS IN 12	(41/08)
TITLE	OFFICERS AN TS WILLIS, MICHAEL K	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	OFFICERS AN TS WILLIS, MICHAEL K 120 RIVERVIEW ROAD	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	TADORESS	ADDITIONS/CHANGES TO OFFICERS A			2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN TS WILLIS, MICHAEL K 120 RIVERVIEW ROAD FT MYERS, FL 00000	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	TADORESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition	SP2E034 (11/98)
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14. I hereby 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 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, with all other like empowered.

SIGNATURE: