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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 604399

1. Corporation Name

TRACHT &	EVANS, D.D.S., P.A.									
Direinal Place C	of Business	Mailing Address				,		•		
Principal Place of Business 1515 SOUTH OSPREY AVENUE 1515 SOUTH OSPREY AVENUE			JE		.					
515 SOUTH OSPREY AVENUE SARASOTA FL 34239		SARASOTA FL 34239				_	DO, NOT WE	RITE IN THIS	SPACE	<del></del> -
ONUNOCIN LEGA						3. Date Incorpor		d .		
**	•	•				06/01/197	3			-d For
	<del></del>	2a. Mailing Address				4. FEI Number				ed For Applicable
2. Principal Pla	ce of Business	<del>                                     </del>				59-14563	<u> 79</u>		\$8.75 Ad	
<u> </u>		Suite, Apt. #, etc.				5. Certificate of Status Desired			Fee Requ	
Suite, Apt. #	, etc.	27				1		<del></del>	\$5.00 N	
22	<u>·</u>	City & State				6. Election Can	npaign Financin	g 🗆	Added to	
City & State		28				Trust Fund (	Contribution			
23	Country	Zip	Cour	ntry		8. This corpora	ition owes the c	urrent year ii	Yes [	∃No Ì
Zip ───	25	<del>                      _                             _       _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _   _  </del>	30			Personal Pro	Address of Nev	w Registere	d Agent	
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	9. Maille allo Address	<del></del>		1 1	ame			4-1-1-1-1		
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•						نطف مدنمه علييه				ustered i
The state of the s	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the a	bove-na	amed corp	oration submits thi on's board of direct	tors. I hereby a	ccept the app	pointment as reg	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statute e of Florida. Such change was an lations of, Section 607.0505, Flori	es, the a uthorized rida Stat	sbove-na d by the tutes.	corporation	oration submits thi on's board of direct	tors. I hereby a	ccept the app	oointment as reg	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	pations of, Section 607.0505, Flor	ilda Oto.				<del>,</del>	DATE		
11. Pursuant office or r agent. I a SIGNATURE	m familiar with, and accept the oblig	pent and title if applicable. (NOTE	: Registere	d Agent sig			<del>,</del>	DATE	AND DIRECTO	RS IN 12
agent. I a	m familiar with, and accept the oblig	pent and title if applicable. (NOTE	Registere	d Agent sig		ad when reinstating):	/CHANGES TO	DATE	AND DIRECTO	
agent. I a	Signature, typed or printed name of registered at  OFFICERS A	pent and title if applicable. (NOTE	Registered	d Agent sig			/CHANGES TO	DATE	AND DIRECTO	RS IN 12
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signature  12.  TITLE  NAME	Signature, typed or printed name of registered eg  OFFICERS A  TRACHT, GARRY D.	pent and title if applicable. (NOTE	13. 1.1 T 1.2 h	d Agent sig	pnature require	ad when reinstating):	/CHANGES TO	DATE	AND DIRECTO	RS IN 12
agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A D TRACHT, GARRY D. 1515 SO. OSPREY AVE.	gent and title if applicable. (NOTE  ND DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C	d Agent sig	pnature require	ad when reinstating):	/CHANGES TO	DATE	AND DIRECTO	RS IN 12
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	TRACHT, GARRY D. 1515 SO. OSPREY AVE. SARASOTA FL SEVANS, LISA C. 1859 LOMA LINDA SARASOTA FL P. EVANS, MICHAEL P. 1859 LOMA LINDA SARASOTA FL	pent and title if applicable. (NOTE  NND DIRECTORS  DELETE  DELETE  DELETE	133 1.1 T 1.2 P 1.3 S 1.4 P 2.1 P 2.2 P 2.3 P 2.4 P 3.1 P 3.2 P 3.3 P 4.1 P 4.3 P 5.5 P 5.6 P 6 P 6 P	d Agent sig	DDRESS DDRESS DDRESS DDRESS ZIP ADDRESS ZIP ADDRESS ZIP	ad when reinstating)	A, WCHANGES TO	DATE	AND DIRECTO Change Change	RS IN 12 Addition Addition Addition Addition
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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 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 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 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 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 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 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 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 indicated on this annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.