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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

660418

(5)

DOCUMENT #

1. Corporation Name

BARBARA L. ALEXANDER, D.M.D., P.A.								
incipal Place of Business	Mailing Address			1 100110 01110 0111		881 JB11 BJB41 A14		#1811 BIB11 1881
	729 DUNLAWTON A	VE						
729 DUNLAWTON AVE PORT ORANGE FL 32127	PORT ORANGE FL							
US US				3. Date Incorporated or Qualified 3a. Date of Last Report				
				03/25/1980		0	4/13/19	
Principal Place of Business	2a. Mailing Address			4. FEI Number			<u> </u>	plied For
7 molpar rado of Eddinose	26			59-19965	15		\$8.75	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status	Desired		Fee Re	
	27			6. Election Campaign	Financing		\$5.00	May Be
City & State	City & State			Trust Fund Contribu				to Fees
Zin Country	Zip	Cour	ntry	8. This corporation has	s liability for	intangible tax	under s. 1	99.032,
Zip Country	29	30		Florida Statutes		. □ No		
9. Name and Address of Curren				10. Name and Addres			gent	
]	81 Name /=	XANDER,	BARB	AKA		
ALEXANDEZ BARBARA MIS	spelled	ļ	82 Street Add	ress (P.O. Box Number is N	lot Accental	ble) -		
729 DUNLAWTON AVE	·		9 729 83 72	DONLAW	1010	700	•	
PORT ORANGE FL 32127							· · · · · · · · · · · · · · · · · · ·	
			84 City 20	RT OLAN	CE	FL	85 32	^{Code} (/ 2 ク
Pursuant to the provisions of Sections 607.0502	Long 4500 Floride Otob	too tho abo	va named corno			of pho	aging ite re	oictored offic
			corporation's boa	ard of directors. I hereby ac	cept the app	pointment as	registered	agent. I am
familiar with, and accept the obligations of Sect	tion 607-0505, Florida Statute	S. Park	1 /	glex and ec		4/25	196	
						1/27-1		
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