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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthani

Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS

(9)H09181 **DOCUMENT #** Corporation Name STEPHEN P. OBROCHTA, D.D.S., P.A. Mailing Address Principal Place of Business 4464 CENTRAL AVE. 4464 CENTRAL AVE. ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711 3a. Date of Last Report 3. Date incorporated or Qualified 07/01/1984 04/18/1995 4. FEI Number 2a, Mailing Address Applied For 2. Principal Place of Business 59-2415901 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite. Apt. #, etc. 5. Certificate of Status Desired ΓΊ Fee Required 27 22 \$5.00 May Be City & State Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ✓ Yes ☐ No Count v Country Ζıp 29 30 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name OBROCHTA, STEPHEN P. Street Address (P.O. Box Number is Not Acceptable) 82 4464 CENTRAL AVENUE 83 ST. PETERSBURG FL 33711 Zio Code City Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named for poration 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 coupling is board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. STEPHO / Pa OBLOCHTH-SIGNATURE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 Addition DELETE Change. TITLE 1.1 TITLE OBROCHTA, STEPHEN P. 1.2 NAME NAME 4464 CENTRAL AVENUE 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 1.4 CITY - ST-2IP CITY-ST-ZIP DELETE Addit on ☐ Change 2.13ILE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 24 CIT* - S! - Z P CITY - ST - 2IP DELETE [] Change Addition 3 1 Til. E TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CIT r - ST - ZIF CITY - ST - 719 Change Addition DELETE 4 1 T.T. F TITLE 4.2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CIT+ - ST - ZIP CITY - S1 - ZIP Change Addition ☐ DELETE 5 1 TITLE TATLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - Z/P CITY - ST-ZIP Change Addition DELETE 6 1 TIBLE TITLE 62 NAME NAME 6.3 STREET ADDRESS 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 coatry, that I am an officer or director of this concern, for the receiver or trusted annual report is report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if charged by attactment with an address CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR P. UP NOCHTA 2/14/96

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