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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H29977

1. Corporation Name
ALIAPOULIOS AND KUHL, DDS, DMD, PA



Principal Place of Business % THEOFELOS A. ALIAPOULIOS, D.D.S. 7500 S. DIXIE HIGHWAY WEST PALM BEACH FL 33405-4814	Mailing Address % THEOFELOS A. ALIAPOULIOS, D.D.S. 7500 S. DIXIE HIGHWAY WEST PALM BEACH FL 33405-4814
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Aliaoulis & Kuhl PA		2a. Mailing Address 26 Aliaoulis & Kuhl PA		3. Date Incorporated or Qualified 11/15/1984	
22 Suite, Apt. #, etc. 7500 S. Dixie Hwy		27 Suite, Apt. #, etc. 7500 S. Dixie Hwy		4. FEI Number 59-2596031	
23 City & State West Palm B FL		28 City & State West Palm B FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33405 25 Country USA		29 Zip 33405 30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent ALIAPOULIOS, THEOFELOS A. 7500 S. DIXIE HIGHWAY WEST PALM BEACH FL 33405				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent			
81 Name Mark A Kuhl	82 Street Address (P.O. Box Number is Not Acceptable) 7500 S. Dixie Hwy		
83 City West Palm B	84 City FL	85 Zip Code 33405	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Mark A Kuhl* (NOTE: Registered Agent signature required when reinstalling) DATE: **3/1/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALIAPOULIOS, THEOFELOS A		1.2 NAME	
STREET ADDRESS 7500 S. DIXIE HWY.		1.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE PSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KUHL, MARK A.		2.2 NAME	
STREET ADDRESS 7500 S. DIXIE HWY.		2.3 STREET ADDRESS	
CITY-ST-ZIP W. PALM BCH. FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Mark A Kuhl pres* DATE: **3/1/99** DAYTIME PHONE #: **561-586750**

CRZE034 (11/98)