


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90013 010 ***550.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P95000014498

1. Corporation Name
AMAZING DENTAL CENTER OF KISSIMMEE, P.A.



| | |
|---|---|
| Principal Place of Business 1321 E. VINE ST. KISSIMMEE FL 34744 | Mailing Address 1321 E. VINE ST. KISSIMMEE FL 34744 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---------|---------------------|---------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date incorporated or Qualified | |
| 21 | | 26 | | 02/13/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3295643 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 | | Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | 25 | 29 | 30 | 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 | | | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|---|------------------|----|-------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | | |
| LEFKOWITZ, IVAN M 430 N. MILLS AVE. ORLANDO FL 32803 | | 81 Name | DAVID NICHOLS | | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | 1343 MAIN STREET | | |
| | | 83 | 7TH FLOOR | | |
| | | 84 City | SARASOTA | FL | 85 Zip Code |

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: *[Signature]* DATE: 7/8/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|-------------------------|
| TITLE | PTD | 1.1 TITLE | PD |
| NAME | ZERIVITZ, MICHAEL A D.D.S. | 1.2 NAME | DR. DENNIS CORONA |
| STREET ADDRESS | 916 DELTONA BLVD. | 1.3 STREET ADDRESS | 1343 MAIN ST, 7TH FLOOR |
| CITY-ST-ZIP | DELTONA FL 32725 | 1.4 CITY-ST-ZIP | SARASOTA, FL 34236 |
| TITLE | VSD | 2.1 TITLE | |
| NAME | SHERIDAN, JOHN D.M.D. | 2.2 NAME | |
| STREET ADDRESS | 4020 S. SEMORAN BLVD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32822 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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)(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.

SIGNATURE: *[Signature]* DATE: 7/8/99

Signature and typed or printed name of signing officer or director

CR2E034 (5/99)