FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000074239

MARC E. OTTENGA, D.D.S., P.A.

Principal Place of Business	Mailing Address
5739 CANTON COVE WINTER SPRINGS FL 32708	5739 CANTON COVE WINTER SPRINGS FL 3270

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90006 044 ***150.00



DO NOT	WKHEIN	IHIS	SPACE
ted or Oue	difed		

Applied For

3. Date Incorpora 10/01/1996 4. FEI Number

2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number		←	plied For
21				59-3401085			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	- 1
22		27						<u> </u>
City & State	0	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year Int	angjble	i
24	25	29	30		Personal Property Tax.		Ø Yes	□No
L-9	9. Name and Address of Current				10. Name and Address of New F	tegistered .	Agent	
		*	81	Name				. [
OTTE	ENGA, MARC E D.D.S.		82	Ot 4 4 4 4	ess (P.O. Box Number is Not Accepta	hla\		
5739	CANTON COVE		82	Street Addre	ess (P.O. Box Number is Not Accepte	1016)	**	****
WIN1	TER SPRINGS FL 32708		83			(4)		1.4(2)
						ola H	C. 15	1.16 (1.18)
	•		84	City	,	FI	85 Zip (Code
	to the provisions of Sections 607.0502	and 607 1609. Florida Statut	as the above	named corp	oration submits this statement for the	purpose of	changing its	registered
" " office or r	edictored agent or both in the State (of Florida, Such change was a	utnorized by	tne corporatio	on's board of directors. I hereby accep	t the appoi	ntment as re	gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statutes.					
SIGNATURE					d when reinstating)	DATE		
	Signature, typed or printed name of registered agen		13.	t signature required	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS	1.1 TITLE		ADDITIONO (ANALES TO OF	TOLINO THE	Change	Addition
TITLE	PVT						,	_
NAME	OTTENGA, MARC E D.D.S.		1.2 NAME					
STREET ADDRESS	5739 CANTON COVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST	T-ZIP				[7] Addition
TITLE	S	☐ DELETE	2.1 TITLE				Change	Addition
NAME	Ottenga Catherine		2.2 NAME					
STREET ADDRESS	5739 CANTON COVE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	WINTER SPRINGS FL	1 1 1	2.4 CITY-S	T-ZiP				
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME	1	•			
STREET ADDRESS		•	3.3 STREET	ADDRESS		عوادي ا		(
•			3.4. CITY-S					
CITY-ST-ZIP TITLE		☐ DELETE	4,1 TITLE	·			Change	Addition
			4. 2 NAME					,
NAME , ,		i.	4.3 STREET	ADDRÉSS	•		ř	
STREET ADDRESS	. 4						·	
CITY-ST-ZIP	,	☐ DELETE	4.4 CITY-S' 5.1 TITLE	1-217	44-		Change	Addition
TITLE		· Dereie	5.1 HILE 5.2 NAME					
NAME			5.3 STREET	ADDRESS	•			
STREET ADDRESS	₽ 3				ż			
CITY-ST-ZIP	T + 1		5.4 CITY-S	T-ZIP			Chanas	☐ Addition
TITLE		. DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME		•	6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP	[* n		6.4 CITY+S	1	_			
OH 1-OI-ER	1	t at 1 - Elia Endana - ant avalific for	the evenet	ion atatad in S	Section 119,07(3)(i), Florida Statutes.	I further cer	tify that the i	nformation

indicated on this annual report or supplies with any initial general and the exemption stated in Section 1.3.07(3)(f), Florida Statutes. I turillet certify that it among 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/of trustee ampowered 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.

CR2E034 (11/98)