## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REIN\* ATE: \$750.)

PROFIT FLORIDA DEPARTME STATE CORPORATION ANNUAL REPORT FILED Secretary of State DIVISION OF CORPORATIONS · 1997 97 AUG 11 AM 8: 23 P96000099991 (7) **DOCUMENT #** SEÖRETÄRKT UF STATE FALLAHASSEE, FLORIDA MICHAEL P. GURKLIS, D.M.D., P.A. Principal Place of Business Mailing Address 80 ROYAL PALM BLVD., SUITE 301 80 ROYAL PALM BLVD., SUITE 301 VERO BEACH FL 32960 VERO BEACH FL 32980 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/09/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 59-3417030 26 Not Applicable 21 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No Ζip Country 25 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GURKLIS, MICHAEL P D.M.D. 80 ROYAL PALM BLVD., SUITE 301 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32960 83 84 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition D ■ DELETE 1.1 TITLE TITLE **GURKLIS. MICHAEL P** 1.2 NAME NAME 80 ROYAL PALM BLVD., SUITE 301 STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETÉ TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TIFLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE \_\_\_ Change ■ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP

14. I do 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.

CR2E034

## Michael P. Gurklis, D.M.D. Specialty of Prosthodontics

M3

Fl Department of Revenue Division Of Corporations P.O. Box 6327 Tallahassee, Fl 32314 July 15, 1997

Dear Division Of Corporations,

I have recently received a notice for annual corporate filing labeled second notice. My S Corp. did not actually start functioning until February 1997. I did not receive the initial notification. I am uncertain why this is the case. I always pay my debts in a timely manner and I would like to have your consideration in this matter. I discussed this matter with one of your representatives and she suggested that I pay the initial fee considering the circumstances. Enclosed is a remittance for \$ 165.00.

Sincerely,

Michael P. Gurklis, D.M.D.