

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 11 1998 8:00am
Secretary of State

DOCUMENT # P97000063096 (6)
1. Corporation Name

MICHAEL P. SARDZINSKI, D.M.D., P.A.

Principal Place of Business

1172 JACARANDA BLVD
VENICE FL 34292

Mailing Address

1172 JACARANDA BLVD
VENICE FL 34292



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1997

4. FEI Number

65-0760308

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes

No

9. Name and Address of Current Registered Agent

SARDZINSKI, MICHAEL P
1172 JACARANDA BLVD
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Michael Sardzinski
1172 Jacaranda Blvd
Venice FL 34238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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]

000002637750
-09/11/98--01093--016
***150.00

8/2/98 (941)492-3520

CR2E034 (5/98)

MICHAEL SARDZINSKI, D.M.D., P.A.
PRACTICE LIMITED TO ENDODONTICS

1172 JACARANDA BOULEVARD
VENICE, FLORIDA 34292
Telephone (941) 492-3570
Fax (941) 492-3572

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

8/7/98

To Whom It May Concern:

Please note that I never received a first notice to file for the Profit Corporation Annual Report. This is a new business and it is my first time filing. Please accept enclosed filing fee of 62.50. If you have any further questions regarding the corporation, please do not hesitate to call. Thank you in this regard.

Sincerely,



Michael Sardzinski, D.M.D., P.A.