**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000038536

CONGRESS DENTAL CE	NTER, INC.							
Principal Place of Business	Mailing Address				191 (p. // 2017 2017 4017 \$511			
1784 N. CONGRESS AVE., STE, 105 W. PALM BEACH FL 33409	1784 N. CONGRESS AVE., ST W. PALM BEACH FL 33409	TE. 105			OO NOT WRITE IN THE	IS SPAC	€	
				3. Date Incorporated 04/27/1998	l or Qualifed			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	36832	- F	$\rightarrow - \cdot \cdot$	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del></del>		5. Certificate of State				dditional
City & State	27 City & State			6. Election Campaig	— · 🗀	\$5	5.00	May Be
	28			Trust Fund Contri	bution		dded to	Fees
Zip Count	try Zip 30	Country		Personal Property		□l Ye:	5 _	□No
9, Name and Adda	ress of Current Registered Agent			10. Name and Addre	ess of New Registere	d Agent		
office or requirement scent or bot	ctions 607.0502 and 607.1508, Florida Statutes, h, in the State of Florida. Such change was auticept the obligations of, Section 607.0505, Florid	nonzea ov	the corburat	coration submits this state ion's board of directors. I	rment for the purpose of hereby accept the appr	of changinointrent	Zīp C ing its r as reg	registered
Showshire forced by suinted per	me of registered agent and title if applicable. (NOTE: Re	egistered Ager	t signature requir	red when reinstating)	DATE	<u> </u>		
OFFICERS AND DIRECTORS					IGES TO OFFICERS A			
529 S	BESSEUROTH #66.	1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS			[]Ch	ange	☐ Acidition
·-ST-ZP W. Pala	Beach, Fl. 33401	1.4 CITY-5'	T-ZIP			[]Ch	nanoe	Artelition
NAME	C) pereis	22 NAME	1					
STREET ADDRESS	* *	-2.3 STREET	· · · · · · · ·	•				
CITY-ST-ZIP .	DELETE	2.4 CITY-S 3.1 TITLE	T-ZIP			[] Ch	nange	Addition
NAME		32 NAME	1	·				*
_STREET ADDRESS		3.3 \$TREE!						~
CITY-ST-ZIP	DELETE	3.4. CITY-S 4.1 TITLE	T-28P			[]@	nange	noitibtA 🔲

64 CITY-ST-ZIP CITY-S"-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 armual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the occiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my mame appears in Elock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TTLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADORESS

**8.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRES

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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Apr 14, 1999 8:00 am Secretary of State

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