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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # S31811

(0)

Corporation Name

OMAR ATA, D.D.S., P.A.



| | of Business | Mailing Address | | | | | |
|---|---|---|---|--|--|---------------------------------------|--|
| 3211 S BERMUDA AVE KISSIMMEE FL 34746 | | 3211 S BERMUDA AVE KISSIMMEE FL 34746 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 02/14/1991 | 3a. Date of Las 04/24/ | |
| 2. Principal Plac | ce of Business | 2a. Mailing Address | | | 4. FEI Number | · · · · · · · · · · · · · · · · · · · | Applied For |
| 1 | | 26 | | | 59-3051126 | | Not Applicable |
| Suite, Apt. # | , etc | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 7 - | .75 Additional |
| 2 | | 27 | | | | | ee Required |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | 1 1 | 5.00 May Be dded to Fees |
| 3 | | 28 | Cour | | This corporation has liability for it | AI | |
| Zip A | Country 25 | <i>Ζ</i> ιρ | 30 | 10 y | | □ No | 3 130.002, |
| 4 | 9. Name and Address of Curr | | | | 10. Name and Address of New R | | |
| | | | | 81 Name | | | |
| ATA. OM | IAR DOS | | - | 82 Street Add | Iress (P.O. Box Number is Not Acceptab | ole) | |
| ATA, OMAR DDS 3211 S BERMUDA AVE | | | | Oli Coli Piadi | | | |
| | EE FL 34746 | | Ţ | 83 | | | |
| | | | | 84 City | | FL 85 | Zip Code |
| | The second continue 607.06 | 00 and 607 1509 Elvida Statut | os the abo | volpaned corpo | oration submits this statement for the pur and of directors. I hereby accept the appe | roose of changing | its registered office |
| SIGNATURE _ | | | | | | | , |
| | Signature, typed or printed name of rejectors Lag | | | Agent synuture require | | DATE | CTORS IN 12 |
| 12. | OFFICERS A | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | ICERS AND DIRE | |
| 12. TITLE | OFFICERS A | | 13 . | IELE | | | |
| 12. TITLE NAME | OFFICERS A D ATA, OMAR DDS | AND DIRECTORS | 13. 1 1 1 1 1 2 N/ | IELE AME | | ICERS AND DIRE | |
| 12. TITLE NAME STREET ADDRESS | D ATA, OMAR DDS 3211 S BERMUDA AVE | AND DIRECTORS | 13. 1 1 7 1 1 2 M | TELE AME REET ADORESS | | ICERS AND DIRE | |
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I furner certify that the information indicated on this annual report or suppliemental 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 12 or Block in changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-18-96

(407) 870-5151

Daytin e Ptione #