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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

7025 N. WICKHAM RD.

SUITE 105



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(5)

7025 N. WICKHAM RD.

Mailing Address

SUITE 105

PHILLIP ESTES, D.M.D., P.A.

officer or director of the corporation Block 12 or Block 13 if changed.

**FILED** Feb 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE MELBOURNE FL 32940 MELBOURNE FL 32940 3. Date Incorporated or Qualified 09/11/1985 2a. Mailing Address 2. Principal Place of Business Applied For 38 Suntree 59-2580457 Not Applicable \$8.75 Additional Certificate of Status Desired Suite Fee Required Suite City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name ESTES, PHILLIP 7025 N. WICKHAM ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 **MELBOURNE FL 32940** 84 Zip Code City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stgnature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE TITLE 11 TITLE Change NAME ESTES, PHILLIP 1.2 NAME STREET ADDRESS 7025 N WICKMAN RD. 1.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP ■ DELFTE Change Addition TITLE 21 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CiTY-ST-ZIP DEL FTE ☐ Change \_\_\_ Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 51 TITLE Change Addition TITLE NAME 52 NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 61 TITLE 62 NAME NAME **63 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with indicated on this annual report or supplemental and the received

All this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of approximation and accurate and that my signature shall have the same legal effect as if made under oath; that I am an eight of a very constant to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

1/25/08 407-259-951