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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K16440

LUIS M. LLAMAS, D.D.S., P.A.

Principal Place of Business	Mailing Add	lress			1 (IREIGI)) an man and and and and and and and and and a	:=::	81847 1887
5965 PONCE DE LEON BLVD 5965 PONCE DE LEON BLVD							
CORAL GABLES FL 33146 CORAL GABLES FL 33146				DO NOT WRITE IN THIS SPACE			
US US				3. Date Incorporated or Qualifed			
					02/29/1988		ļ
2. Principal Place of Business	2a. Mailing	Address		*****	4. FEI Number	Applie	d For
21	26				65-0047506	Not A	pplicable
Suite, Apt. #, etc.	Suite, A	pt. #, etc.			5. Certificate of Status Desired	\$8.75 Add	
22	27				5. Certificate of Clarico Decision	Fee Requi	red
City & State	. _	City & State			6. Election Campaign Financing	\$5.00 ма	
23	28				Trust Fund Contribution	Added to F	ees
Zip Country	<u> </u>	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.		
24 25 9. Name and Address of Current	29 Peristered Ac	30	<u>'L</u>		10. Name and Address of New Registered		
5. Name and Address of Current	registered Ag		81	Name			
- LLAMAS, LUIS DDS					(D.C. D. M. haria Net Assessable)		
5965 PONCE DE LEON BLVD			. 82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33146			83				
			84	04.		85 Zip Cod	i
				City	FL	.	
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation.	f Florida. Such	change was author	onzed by I	tne corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing its reg ntment as regist	istered ered
SIGNATURE		•				•	[]
Ci					DATE		
Signature, typed or printed name of registered agent	• • • • • • • • • • • • • • • • • • • •	(NOTE: Re		t signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	IN 12
12. OFFICERS AND	DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13.	t signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN		IN 12
12. OFFICERS AND	DIRECTORS	(NOTE: Re	13. 1.1 TITLE	t signature require	de wilder to work and		
12. OFFICERS AND TITLE P LLAMAS, LUIS M DDS	DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13. 1.1 TITLE 1.2 NAME		de wilder to work and		
12. OFFICERS AND TITLE P NAME LLAMAS, LUIS M DDS STREET ADDRESS 5965 PONCE DE LEON BLVD	DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	de wilder to work and		
12. OFFICERS AND TITLE P LLAMAS, LUIS M DDS	DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13. 1.1 TITLE 1.2 NAME	ADDRESS	de wilder to work and	Change	
12. OFFICERS AND TITLE P NAME LLAMAS, LUIS M DDS STREET ADDRESS 5965 PONCE DE LEON BLVD CORAL GABLES FL 33146	DIRECTORS	□ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	ADDRESS	de wilder to work and	☐ Change	Addition
12. OFFICERS AND TITLE P NAME LLAMAS, LUIS M DDS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 TITLE	DIRECTORS	□ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	ADDRESS .	de wilder to work and	☐ Change	Addition
12. OFFICERS AND TITLE P NAME LLAMAS, LUIS M DDS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 TITLE NAME	DIRECTORS	☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME	ADDRESS 1-ZIP ADDRESS	de wilder to work and	☐ Change ☐ Change	Addition
12. OFFICERS AND TITLE P NAME LLAMAS, LUIS M DDS STREET ADDRESS 5965 PONCE DE LEON BLVD COTY-ST-ZIP CORAL GABLES FL 33146 TITLE NAME STREET ADDRESS	DIRECTORS	□ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS 1-ZIP ADDRESS	de wilder to work and	☐ Change	Addition
12. OFFICERS AND TITLE P NAME LLAMAS, LUIS M DDS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTORS	☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP	de wilder to work and	☐ Change ☐ Change	Addition
TITLE P NAME LLAMAS, LUIS M DDS STREET ADDRESS 5965 PONCE DE LEON BLVD CORAL GABLES FL 33146 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DIRECTORS	☐ DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP	de wilder to work and	☐ Change ☐ Change	Addition
12. OFFICERS AND TITLE P NAME LLAMAS, LUIS M DDS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTORS	DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 32 NAME 3.3 STREET 3.4 CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP	de wilder to work and	☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. OFFICERS AND TITLE P NAME LLAMAS, LUIS M DDS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DIRECTORS	☐ DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP	de wilder to work and	☐ Change ☐ Change	Addition
12. OFFICERS AND TITLE P NAME LLAMAS, LUIS M DDS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	DIRECTORS	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	de wilder to work and	☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE P NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	DIRECTORS	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	de wilder to work and	☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE P NAME LLAMAS, LUIS M DDS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTORS	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 4.4 CITY-S 4.5 STREET 4.4 CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	de wilder to work and	☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE P NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DIRECTORS	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	de wilder to work and	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
TITLE P NAME LLAMAS, LUIS M DDS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTORS	DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 5.1 TITLE 5.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	de wilder to work and the second	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition 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 attactment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

(305) 662-7>02

Change

☐ Addition

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90036 008 ***150.00