

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 467393 (5)

1. Corporation Name

THOMAS C. BEALL, D.D.S., P.A.



Principal Place of Business

429 NORTHLAKE BLVD  
NORTH PALM BCH FL 33408

Mailing Address

429 NORTHLAKE BLVD  
NORTH PALM BCH FL 33408

3. Date Incorporated or Qualified  
01/10/1975

3a. Date of Last Report  
02/14/1995

4. FEI Number  
59-1566036

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 has liability for intangible tax under s. 193.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Thomas C. Beall, D.D.S. P.A.  
22 Practice Ltd. Endodontics  
23 636 US Hwy. #1  
24 North Palm Beach, FL 33408

26 Thomas C. Beall, D.D.S. P.A.  
27 Practice Ltd. Endodontics  
28 636 US Hwy. #1  
29 North Palm Beach, FL 33408

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEALL, THOMAS C. D.D.S.  
131 U.S. HIGHWAY #1  
LAKE PARK FL

81 Name

82 Street Address

83

84 City

~~Thomas C. Beall, D.D.S. P.A.  
Practice Ltd. Endodontics  
636 US Hwy. #1  
North Palm Beach, FL 33408~~

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 and name when necessary

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BEALL, THOMAS C. D.D.S.

STREET ADDRESS 429 NORTHLAKE BLVD

CITY - ST - ZIP N. PALM BEACH FL

TITLE S ☐ DELETE

NAME GREENE, ARNOLD G., D.D.S.

STREET ADDRESS 501 LAKE AVE.

CITY - ST - ZIP LAKE WORTH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition

12 NAME Thomas C. Beall, D.D.S. P.A.

13 STREET ADDRESS Practice Ltd. Endodontics

14 CITY - ST - ZIP 636 US Hwy. #1

15 NORTH PALM BEACH, FL 33408

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

#250.00  
Dep by Bank  
2/1/96  
407-842-5352

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 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:

Thomas C. Beall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

407-842-5352

CR2E034 (12/95)