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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90105 028 ***150.00

| r. Corporation | MENT # 476699 | | | | | | |
|--|---|--------------------------------|-------------|----------------------------|---|---------------------|-------------------|
| GUZAUS | KAS, D.D.S., P.A. | | | | | | |
| Principal Place of Business Mailing Address | | | | | 4 (MBIN BIRK HADIR WINS BIRK IREIR IRIU AKR | 's BIRTI AIAII 4181 |) M(A): 414: 1201 |
| INLET PROFESSIONAL BLDG. STE C INLET PROFESSIONAL BLDG. | | | | | | | |
| TEQUESTA FL 33469 TEQUESTA FL 33469 | | | | DO NOT WRITE IN THIS SPACE | | | _ |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 05/17/1975 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | 26 | | | | 59-1626810 | 1 | Not Applicable |
| Suite, Apt. | t. #, etc. Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | • | Additional |
| 22 | 27 | | | | 5. Certificate of Status Desired | Fee F | Required |
| City & State | City & State City & State | | | | | May Be | |
| 23 | 28 | | | | Trust Fund Contribution | | d to Fees |
| Žip | Country Zip Cour | | | ! | 8. This corporation owes the current year | Intangible XYes | □No |
| 24 | 9. Name and Address of Current | | 30 | | Personal Property Tax. 10. Name and Address of New Registere | | |
| | J. Maine and Address of Current | r registeren myent | 81 | Name | . Transcourse | | |
| GUZAUSKAS, JAMES | | | | | Address (D.O. Barris New Assessment) | | |
| 175 TEQUESTA DR C | | | | Street | Address (P.O. Box Number is Not Acceptable) | | |
| TEQ | UESTA FL 33469 | | 83 | | | | |
| | | | | | | 0.5 7: | p Code |
| | | | 84 | City | F | L 85 Zip | b 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 change of change was authorized by the corporation's board of directors. I hereby accept the appointment | | | | | | | its registered |
| office or re | egistered agent, or both, in the State om familiar with, and accept the obligat | of Florida. Such change was au | thorized by | the corpo | pration's board of directors. I hereby accept the app | ointment as i | registered |
| SIGNATURE | | | | | | | { |
| SIGNATURE | Signature, typed or printed name of registered agent | | | nt signature n | equired when reinstating) DATE | | TODO IN 40 |
| 12. | OFFICERS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECT | |
| TITLE | · · · | | 1.1 TITLE | | | L Change | - [] Additori |
| NAME | GOZAGONAO, SANIEG | | 1.2 NAME | | | | |
| STREET ADDRESS | 113 IEGOEOIA DITO | | | T ADDRESS | | | |
| CITY-ST-ZIP | TLAUCOTT TL | | 1.4 CITY-S | T-ZIP | VPS | ☐ Change | e Addition |
| TITLE | | | | | | | |
| NAME STREET ADDRESS: | JENNIFER MEI | ER | | TADDRESS | JENNIFER MEIER 1750 TEQUESTA | SR. | |
| CITY-ST-ZIP | | | 2.4 CITY-5 | | TEQUESTA 7.L 33 | 4.69 | |
| TITLE | DELETE | | 3.1 TITLE | | , | ☐ Change | e Addition |
| NAME | | | 3.2 NAME | | | | } |
| STREET ADDRESS | | | 3.3 STREE | T ADDRESS | | | ì |
| CITY-ST-ZIP | | | 3.4. CITY-5 | ST-ZIP | | | |
| TITLE | ☐ DELETE | | 4.1 TITLE | | | Change | e |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY- S | T- ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | , | Change | e Addition |
| NAME | | | 5.2 NAME | | | | 1 |
| STREET ADDRESS | | | | TADORESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T- ZIP | | ☐ Change | e Addition |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ∪ cnange | e Maninois |
| NAME | | | 6.2 NAME | T ADDDESS | | | ļ |
| STREET ADDRESS | | | 0.3 STREE | TADDRESS | | | 1 |

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 of 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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR