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 # 488749

LAMAR HATCHER, JR., D.D.S., P.A.

			_				
Principal Place of Business		Mailing Address			NI DIGIT GIGIT DIGIT GIGIT		
2516 N.W. 43RD ST.		2516 N.W. 43RD ST.					
GAINESVILLE FL 32606-6612		GAINESVILLE FL 32606-6612		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					11/01/1975		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Appl	ied For
21		26	_		59-1640855		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.		5. Certifcate of Status Desired	\$8.75 Ad	I
22		27				Fee Requ	
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 M Added to	, ,
23	Country	28	Col	untry	8. This corporation owes the current		1 003
Zip	25 Country	29	30	y	Personal Property Tax.		⊒No
24	9. Name and Address of Currer		130		10. Name and Address of New Reg	istered Agent	
	·			81 Name		يحدر بي .	
	CHER, LAMAR, JR., D.D.S.			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
2516 N.W. 43RD ST.				3aeer Add	mess (1.0. Box Humber to Not Hoophas-	, 	
GAIN	iesville fl			83			
				84 City		85 Zip Co	ode
			_			FL	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida	Statutes, the a	above-named corp	poration submits this statement for the pur ion's board of directors. I hereby accept the	pose of changing its re ie appointment as regi	egistered stered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.050	05, Florida Stat	tutes.	ione board of allocation of the property	,,	
SIGNATURE						DATE	\ <u>.</u>
	Signature, typed or printed name of registered age		(NOTE: Registered	d Agent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	<u> </u>	S IN 12
TITLE	PD OFFICERS AF	ND DIRECTORS			ADDITIONAL COLUMN	Change	Addition
	HATCHER, LAMAR, JR.			AME			
NAME	ATAA MINE MARRIAT			TREET ADDRESS			
STREET ADDRESS	GAINESVILLE FL			CITY-ST-ZIP			
CITY-ST-ZIP TITLE	V	□ DELI					☐ Addition
NAME	CHITTUM, EDD C.		221			Change	Addition \
STREET ADDRESS	2516 N.W. 43RD ST.		2.2 N	IAME		Change	L. Addison
CITY-ST-ZIP	2010 11.11. 7010 01.			IAME STREET ADDRESS		Change	Li Addition
TITLE	GAINESVILLE FL		2.3 S			☐ Change	
NAME	GAINESVILLE FL	☐ DEU	2.3 S	TREET ADDRESS		☐ Change	Addition
	S	☐ DEL	23 S 224 C ETE 3.1 T	TREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	S DELL, JAMES M., III	☐ DEL	2.3 S 2.4 C ETE 3.1 T 3.2 N	TREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	S DELL, JAMES M., III 2516 N.W. 43RD ST.	☐ DEL	23 S 24 C ETE 3.1 T 3.2 N 3.3 S	TREET ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	S DELL, JAMES M., III	☐ DELU	2.3 S 2.4 C ETE 3.1 T 3.2 N 3.3 S 3.4 C	TREET ADDRESS TILE IAME TREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	S DELL, JAMES M., III 2516 N.W. 43RD ST.		23 S 240 ETE 3.1 T 32 N 33 S 34.0 ETE 4.1 T	TREET ADDRESS TILE IAME TREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP	S DELL, JAMES M., III 2516 N.W. 43RD ST.		2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C ETE 4.1 T 4.2 C	STREET ADDRESS STRY ST ZIP TILE JAME STREET ADDRESS CITY-ST-ZIP TILE		☐ Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELL, JAMES M., III 2516 N.W. 43RD ST.	☐ DELI	23S 24C ETE 31T 32N 33S 34.C ETE 4.1T 4.2t 4.3S 4.4C ETE 5.1T 52N	STREET ADDRESS STTY ST ZIP TILE IAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS STRY. ST- ZIP TITLE IAME STREET ADDRESS STRY. ST- ZIP TITLE IAME		☐ Change	Addition Addition
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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 attachment with an address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

(35z)3782935

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90043 031 ***150.00