PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # 498988

JOSEPH H. HARTIGAN, D.D.S., P.A.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90134 020 ***150.00



Principal Place of Business Mailing Address								
8525 S.W. 74 TERR. 8525 S.W. 74 TERR.								
MIAMI FL 33143 MIAMI FL 33143						DO NOT WRITE IN THIS SPACE		
I						3. Date Incorporated or Qualifed		
l						03/16/1976		ļ
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
						59-1023668		Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.7	5 Additional
22 27						5. Certifcate of Status Desired	☐ Fee Required	
City & State City & State						6. Election Campaign Financing	\$5.0)0 May Be
23 28						Trust_Fund Contribution		ed to Fees
Zip				ntry		8. This corporation owes the current year	Intangible	
24				Personal Property		Personal Property Tax.	☐ Yes	□No
,	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Register	ed Agent	
					81 Name			
HARTIGN, JOSEPH H. D.D.S.				82	Street Add	Address (P.O. Box Number is Not Acceptable)		
3005 SALZEDO AVE.				02	Street Audi	ess (F.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134				83				
							14-1 -	r. 0. la
				84	City	F	85 Z	ip Code
11 Durcuant	to the provisions of Sections 607.0	502 and 607 1508 Florin	la Statutes, the a	bove	-named com	poration submits this statement for the purpose	of changing	its registered
office or a	registered agent, or both, in the Sta	te of Florida. Such chanc	ie was authorized	1 DV	the corporation	on's board of directors. I hereby accept the ap	pointment as	s registered
agent. I a	im familiar with, and accept the obli	gations of, Section 607.0	1505, Florida Stat	utes.	•			
SIGNATURE	Signature, typed or printed name of registered a	seent and title if applicable	(NOTE: Penisterer	Anan	t signature require	d when reinstating) DATE		
12.		AND DIRECTORS	13.	ngon	(aignatora require	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	CTORS IN 12
TITLE	PD DELETE		LETE 1.1 TI	1.1 TITLE			☐ Chan	ge Addition
NAME	HARTIGAN, JOSEPH H.		12 N	1.2 NAME				
STREET ADDRESS					ADDRESS			
	1				1			
CITY-ST-ZIP				1.4 CITY-ST-ZIP 2.1 TITLE			☐ Chan	ge Addition
TITLE	SD		2.2 N				_	• <u> </u>
NAME	HARTIGAN, SUZANNE M.							
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	MIAMI FL			ITY-S	T-ZIP		☐ Chan	ge Addition
TITLE		_! DE	ELETE 3.1 TI					ac
NAME			3.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				TY-S	T-ZIP			🗖 🛦 at attact
TITLE		☐ DE	ELETE 4.1 TI	TLE			☐ Chan	ge
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP				TY-ST	r-ZIP			
TITLE		□ DI	ELETE 5.1 T	TLE			Chan	ge 🔲 Addition
NAME	}		5.2 N	AME				
STREET ADDRESS			5.3 S	TREET	ADDRESS			
CITY-ST-ZIP			5.4 C	TY-SI	r- ZIP			
TITLE	 		FIFTF 6.1 TI					
			ELETE 6.1 TI	TLE			☐ Chan	ge 🔲 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 attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

CR2E034 (11/98)

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