## 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 # 5043

1. Corporation Name

PAGE | KRAUS | D.D.S. P.A.

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90098 032 \*\*\*150.00

	- KHAUS, D.D.S., P.A.						
i '	ce of Business	Mailing Address				**** =**** ***** ****	81817 E1811 1881
10161 W SAMI		10161 W SAMPLE RD 1	-				
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065			)		DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
					05/22/1976	į.	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	I A	pplied For
21		26			59-1682538	}	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Additional
22	<u> </u>	27			5. Certifcate of Status Desired		equired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	Z Yes	□No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Register	ed Agent	
LD4	LIC DAVID I			81 Name			
	.US, DAVID L. 61 W SAMPLE RD		ŀ	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	-	-
	RAL SPRINGS FL 33065		1		Little Charles Charles Charles of C	See September	. 9 : d = . 2 : 5 : 4 × 7 :
COF	TAL SPRINGS PL 33000			83		距翻閉鎖	
			ŀ	84 City	** ** ** ** ** ** ** ** ** ** ** ** **	85 Zip	Code
				' '	F	·L     ``	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the ab	ove-named co	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its	registered
agent. I a	rn familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statu	toe	mon's board or directors. Thereby accept the ap	pomunent as re	glisteren
				les.			1
SIGNATURE				165.			
SIGNATURE	Signature, typed or printed name of registered ager				red when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	Registered /	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS		
12.	OFFICERS AN		: Registered	Agent signature requ		AND DIRECTO	DRS IN 12
12. TITLE NAME	OFFICERS AN PD KRAUS, DAVID L.	ID DIRECTORS	Registered /	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS		
12.	OFFICERS AN PD KRAUS, DAVID L. 10161 WEST SAMPLE ROAD	ID DIRECTORS	13. 1.1 TITE	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD KRAUS, DAVID L.	D DIRECTORS	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT	Agent signature required.  LE ME REET ADDRESS Y- ST- ZiP	ADDITIONS/CHANGES TO OFFICERS	☐ Change	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 attemption with an address, with all other like empowered.

SIGNATURE: