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 # 508504

1. Corporation Name

NEIL A. BAKER, D.D.S., P.A.

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90032 006 ***150.00



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Principal Place of Business Mailing Address 8333 WEST MCNAB ROAD 8333 WEST MCNAB ROAD SUITE 104										- #
1922 WEST MONAR ROAD 8333 WEST MONAB ROAD						Ì	THE SPACE			
SUITE 104				•			DO NOT WRITE IN THIS SPACE			Ì
AMARAC FL 33321			OODE!				3. Date Incorporated or Qualifed			
							06/01/1976			
2a. Mailing Address			ddress				4. FEI Number Applied Fo			
2. Principal Place of Business			uui ess	· ·			59-1671199		Applicable	
1 Z6 Suite, Apt			t the atr					\$8.75 A	adilionai	٠
Suite, Apt. #,	etc.	⊢ ¬	n. #, c .c.				5. Certificate of Status Desired	Fee Re	quirea	
2	·	27					6. Election Campaign Financing	\$5.00		•
City & State		City & S	tate				Trust Fund Contribution	Added t	o Fees	
<u>.</u>		28		Cour			8. This corporation owes the current y	ear Intangible	انما	
Zip	Country	Zip		l	,		Personal Property Tax.	tes	XNo	
ר י	25		30	١			10. Name and Address of New Regis	stered Agent		
<u> </u>	9. Name and Address of Currer	t Registered Ag	<u>ent</u> _	┯┪	81 Name					
				\						
BAKEF	R, NEIL A			- 1	82 Street	Addre	ess (P.O. Box Number is Not Acceptable)		a person a series de de la companya	
8333 \	W MCNAB RD							5' 48 () (S. 1881 260'	建筑器	
	ARAC FL 33321				83		位身角機變變線數			
****					84 City			5	Code	
:				I				FL	registered	
	007.05	22 and 607 1508	Florida Statutes.	the a	bove-named	d corp	oration submits this statement for the pur n's board of directors. I hereby accept th	e appointment as re	egistered	
11. Pursuant to	the provisions of Sections 607.05	of Florida, Such	change was auth	orized	by the corr	porauc	on a board of directors. The east			
office or rec	gistered agent, or both, in the State familiar with, and accept the oblig	ations of Section	607.0505, Florida	a Stat	utes.		oration submits this statement for the pur on's board of directors. I hereby accept th	•		
	Training Train		_					DATE		6
SIGNATURE _	ignature, typed or printed name of registered ag	ent and title if applicable	. (NOTE: Re		Agent signature	e require	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12	ō
12.	OFFICERS A	ND DIRECTORS		13.				☐ Change	☐ Addition	CD2C034 (11/98)
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	BAKER, NEIL A.		•	1.2 N		ì			.\	ו ו
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STREET ADDRESS	5				4 CITY-ST-ZIP				ho information	

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.

SIGNATURE