SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Jul 07, 1999 8:00 am Secretary of State

07-07-1999 90012 030 \*\*\*550.00

DOCUMENT # 541591						
UNITED DENTAL COMPANY						
025						(()
Dringinal Place	of Business	Mailing Address				ill Blakk Ellell Bilakk ellell ierbi
Principal Place of Business Mailing Address  ** J. LEON HOLBROOK   ** J. LEON HOLBROOK						
2301 INDEPENDENT SQUARE 2301 INDEPENDENT SQUARE				DO NOT WRITE IN THIS SPACE		PACE
JACKSONVILLE	FL 32202	JACKSONVILLE FL 32202			3. Date Incorporated or Qualified	7.02
					08/01/1977	
2. Principal Place of Business		2a. Mailing Address	<b>⊢</b> ¬ *		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1754229	Not Applicable	
2		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zin.	Zip Country		ip Country		Trust Fund Contribution Added to Fees  8. This corporation owes the current year	
4	25	29	30		Intangible Personal Property. Yes No	
	9. Name and Address of Current				10. Name and Address of New Registered Ag	jent
LIO1	PROOF ILLIEON		81	Name		
HOLBROOK, H. LEON 2301 INDEPENDENT SQUARE			82	82 Street Address (P.O. Box Number is Not Acceptable)		
JAC	KSONVILLE FL 32202			3		
			84	City	85 Zip Code	
					FL	
office or	to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	authorized b	v the comora:	oration submits this statement for the purpose of char tion's board of directors. I hereby accept the appoint	nent as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered	Agent signature re	guired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	1 10		1,1 TITLE		L	_ Change Addition
NAME	inorthicati, o inicion, ort			1.2 NAME		ì
STREET ADDRESS	925 SARATOGA ROAD JACKSONVILLE FL		1.3 STREE	i i		1
CITY-ST-ZIP TITLE	JACKSONVILLE FL	DELETE	2.1 TITLE	,1-ZIF		Change Addition
NAME	·	<u>-</u>	2.2 NAME	ļ		
STREET ADDRESS			2.3 STREE	TADDRESS		
CITY-ST-ZIP			2.4 CITY-S	T-ZIP		10
TITLE		DELETE	3.1 TITLE 3.2 NAME		L	_ Change
NAME STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			3.4 CITY-5			
TITLE	DELETE 4.1		4,1 TITLE		Change Addition	
NAME	l l		4.2 NAME	Į.		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-S 5.1 TITLE	11-ZIP		Change Addition
NAME :		LTI ACTEIC	5.2 NAME	ļ		7 2:20/do [7] Vocatori
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		DELETE	6.1 TITLE	į.		Change Addition
NAME .			6.2 NAME			ļ
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			6.4 CITY-5	si-ZIP		

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.

SIGNATURE:

Daytime Phone #