SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 0/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:20

DOCUMENT # **547556** **(1)**

1. Corporation Name

WESLEY E. MEYERS, D.M.D., P.A.

Principal Place of Business	Mailing Address
8000 ALOMA AVENUE **WINTER PARK FL 32792**	**8000 ALOMA AVENUE** **WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/26/1977**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1768772**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. This corporation has totals for exemption tax under s. 190.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 / County: 25	Zip: 29 / County: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEYERS, WESLEY E. **8000 ALOMA AVE.** **WINTER PARK FL 32792**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ Date

12. OFFICERS AND DIRECTORS		13. AMENDMENT(S) OR NAME AND ADDRESS CHANGES	
11 TITLE	**PD**	11 TITLE	☐ Change ☐ Addition
12 NAME	**MEYERS, WESLEY E.**	12 NAME	
13 STREET ADDRESS	**8000 ALOMA AVE.**	13 STREET ADDRESS	
14 CITY ST ZIP	**WINTER PARK FL**	14 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, with an address.

SIGNATURE: _____ 6/26/95 407 671 8901

SIGNATURE AND TYPED OR PRINTED NAME OF COMING OFFICER OR DIRECTOR — Date — Daytime Phone #

WESLEY E MEYERS

CR