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 # 551979

GEORGE B. DORRIS, JR., D.D.S.,P.A.

FILED Feb 11, 1999 8:00am Secretary of State

02-11-1999 90050 028 ***150.00



Principal Place	e or business	Mailing Address						
EGLIN PARKWAY AT OLD FERRY RD P.O.BOX 894 SHALIMAR FL 32579		eglin Parkway at Old Ferry RD P.O.Box 894 Shalimar Fl 32579			DO NOT WRITE	E IN THIS SPACE		
SHALIMAN FL S	23/3	STMLIMAN FL SESTS			3. Date Incorporated or Qualifed_			-
					11/28/1977			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For	١
21		26			59-1784177	<u> </u>	t Applicable	3
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional	N.
22		27		5. Certifcate of Status Desired	Fee Re		l	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	l	
23		28		Trust Fund Contribution	Added		l	
Zip	Country	Zip Country		8. This corporation owes the currer	it year Intangible		١.	
24	25 29 30		30		Personal Property Tax. Yes No			
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Re	gistered Agent		l
			8	1 Name		•	•	l
DOR	RIS, GEORGE B. JR. D.D.S.		8	2 Street Add	ress (P.O. Box Number is Not Acceptab	e)		l
	N PARKWAY AT OLD FERRY RD			2				ŀ
SHA	LIMAR FL		8	3				İ
				4 City	10 10 10 10 10 10 10 10 10 10 10 10 10 1	85 'Zip	Code	l
						FL	:	l
11. Pursuant	to the provisions of Sections 607,0502	2 and 607.1508, Florida Statute	s, the abo	ve-named corp	poration submits this statement for the pr	irpose of changing its	registered	l
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	or Florida. Such change was au tions of, Section 607.0505, Flor	ida Statute	es.	on's board of directors. I hereby accept	the appointment as re	gistered .	
SIGNATURE	Signature, typed or printed name of registered agent	and title if conlicable (NOTE:	Pagietared &	vant signatura require	ed when reinstating), 3/4, / /	DATE		۔ ا
12.	OFFICERS ANI		13.	John Digitation ordered	ADDITIONS/CHANGES TO OFFI		RS IN 12	٥
TITLE	PD	☐ DELETE	1.1 TITLE	: T	5% 53. 4377	☐ Change	□ Addition	3
NAME	DORRIS, GEORGE B JR		1.2 NAMI	E	*			1
STREET ADDRESS	6 PEMBROKE PL		1.3 STRE	ET ADDRESS	· ·			Ì
CITY-ST-ZIP			1.4 CITY	-ST-ZIP		•		8
TITLE	S	☐ DELETE	2.1 TITLE			☐ Change	Addition	(
NAME	DORRIS, PAULA W.		2.2 NAM	Ē		-		. =.
STREET ADDRESS			2.3 STR	ET ADDRESS	•			
CITY-ST-ZIP	FT. WALTON BECH FL		2. 4 CITY	ST-ZIP		÷		l
TITLE	11. WILLOW DESTITE	☐ DELETE	3.1 TITLE			☐ Change	Addition	l
NAME			3.2 NAM	E	•	•		ĺ
STREET ADDRESS			3.3 STRE	ET ADORESS	e e e e e e e e e e e e e e e e e e e	e de la companya dela companya dela companya dela companya de la companya de la companya de la companya dela companya de la companya de la companya de la companya dela companya de la companya de la companya dela co		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			4. 3	
TITLE		☐ DELETE	4.1 TITLE		2 . But (2) 1980	∰ ∰ . in Change	Addition	ĺ
NAME			4. 2 NAV	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				ĺ
TITLE		☐ DELETÉ	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAM	E	5 T	•		
STREET ADDRESS			5.3 \$TRE	ET ADDRESS	•	•		
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	, ,		· _	
TITLE					, · ·			1 "
	i '	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	١.
NAME		☐ DELETE	6.1 TITLE 6.2 NAM			Change	☐ Addition	
NAME STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	6.2 NAM			☐ Change	☐ 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.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99

850-651-1125