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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # 581147 1. Corporation Name

ROBERT W. LAWRENCE, D.M.D., P.A.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90014 020 ***150.00

Principal Place	of Business	Maili	ng Address			- 1	1 (10)41 4(4) (6)41 (104) (104)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
340 W 23RD STR	REET	340 V	V 23RD STREET			1				
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PANAMA CITY FL 32405 PAN		PANA	ANAMA CITY FL 32405			-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						1	07/31/1978			
2. Principal Pla	on of Business	2a M	failing Address			-	4. FEI Number		Ant	olied For
<u> </u>	ce di Dusiness	26	talling / tadiooo				59-1847129		<u>``</u>	Applicable
Suite, Apt. #,	etc		uite. Apt. #. etc.						\$8.75 A	
22	, 0.0	27				}	5. Certifcate of Status Desired		Fee Re	quired
City & State			City & State				6. Election Campaign Financing		\$5.00	Mav Be
23		28					Trust Fund Contribution		Added to	
Zip	Country	Z	ip	Coun	try		8. This corporation owes the curr	ent year In		
24	25	29		30			Personal Property Tax.			₽ ₩0
	9. Name and Address of Current	t Register	red Agent				10. Name and Address of New F	Registered	Agent	
				Į;	Name					
	ENCE, ROBERT W.			<u> </u>	32 Street	Address	s (P.O. Box Number is Not Accepta	able)		\neg
	V. 23RD STREET									
PANA	MA CITY, FL LP 32405			1	33					
į				-	34 City				85 Zip 0	Code
					- "			<u>FL</u>	-	
11. Pursuant to	the provisions of Sections 607.0502	2 and 607	.1508, Florida Statute	es, the ab	ove-named	corpora oration's	ition submits this statement for the s board of directors. I hereby accer	purpose of of the appo	l changing its intment as red	registered gistered
agent. I am	o the provisions of Sections 607.0502 gistered agent, or both, in the State of familiar with and accept the obligation	ions of, S	ection 607.0505, Flor	rida Statu	es.		, 20010 01 0110010101 1101000, 40000,	1/ 1-		,
SIGNATURE	- Kohut W.	Lau	Max DAN	(N	Od N	(cw \		1-12	77	
<u>s</u>	ignature, typed or printed name of registered agent	and title if a	antianhla (NOTE	Registered 6	gent signature re	equired w	on mineration	DATE	, ,	f
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12.	OFFICERS AND		TORS	13.	r		ADDITIONS/CHANGES TO OF	FICERS A		
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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 attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP