

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

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90081 023 ***150.00

DOCUMENT # 581573

1. Corporation Name V. KEITH RILEY, D.D.S., P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 85 - 8TH STREET NORTH NAPLES FL 33940-6020 Mailing Address 85 - 8TH STREET NORTH NAPLES FL 33940-6020

3. Date Incorporated or Qualified 08/08/1978 4. FEI Number 59-1856084 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 8. This corporation owes the current year Intangible Personal Property Tax.



V. KEITH RILEY, DDS 671 Goodlette Rd. N. Suite 200 NAPLES, FL 34102 (941) 262-1522

2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RILEY, V. KEITH 85- 8TH ST. NORTH NAPLES FL

81 Name 82 Street 83 84 City 85 Zip Code V. KEITH RILEY, DDS 671 Goodlette Rd. N. Suite 200 NAPLES, FL 34102 (941) 262-1522

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include RILEY, V KEITH, ELKINS, JAMES W, RILEY, STEPHANIE A.

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: V. Keith Riley, DDS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99 941 262-1522 Date Daytime Phone #

CR2E034 (1/98)