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 # 592139

STEPHEN J. DEVACK, D.D.S., P.A.

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

03-22-1999 90081 022 ***150.00



Principal Place	of Business	Mailing Address				- ((80)0) Witte 30150 11901 11900 Jille 1015 Ataly etaly etaly bion diet aten 1901			
	MMERCIAL BLVD.	4600 WEST COMMERCIAL BLVD.							
	E FL 33319-3307	FT. LAUDERDALE FL 33319-3307			1				
						DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qu 11/02/1978 	alifed		
2. Principal Pl	ace of Business	2a. Mailing Address			-	4. FEI Number		A	pplied For
21		26				59-1862 <u>9</u> 62		· N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
22		27				5. Certificate of Classo Doc		Fee R	lequired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip Country				8. This corporation owes the current year Intangible			
24	25	29 30	<u> </u>		<u>. 1</u>	Personal Property Tax.		K Yes	□No
	9. Name and Address of Current	Registered Agent		<u> </u>		0. Name and Address of	New Registered	Agent	
ומווע	FER, LAWRENCE M., ESQ.		8		STE	PHEN L. I	EVACK		
4600 WEST COMMERCIAL BLVD.			8	Street /	Address	(P.O. Box Number is Not A	cceptable)	72 J V	/
		8:	a I	-			DLI	<i>D</i>	
FI. L	AUDERDALE, FL L 33319		8	F	T.L.	AUDERDALE		33	319
	Washington Assistance		* 4 s 3	City			xx FL		Code ,
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named composition subplies this setement 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 is board of directors. I hereby accept the appointment as registered									
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida. Such change was auth ons of, Section 607.0505, Florid	orized o a Statute	s. Procorpo	orayon s	poard of directors. Thereby	accept the appoin	illiletik as it	egistered
SIGNATURE	STEPHEN LDI	EVACK	W	16	<u> </u>	(h)	3-16-	99	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ref 12. OFFICERS AND DIRECTORS			giste/ed Ag 13.	ent signature	fequired who	en reinstating) ADDITIONS/CHANGES	, DATE		ORS IN 12
12.		DELETE	/13. 1,1 TITLE			ADDITIONS/CHANGES	O OFFICERS AN	Change	
TITLE	PD AND ATTENDED	7	1					· ·	
NAME	DEVACK, STEPHEN L.		1.2 NAME						1
STREET ADDRESS	1000 TT. COMMISSION IS DETO			ET ADDRESS					Į.
CITY-ST-ZIP	FT. LAUDERDALE FL	☐ DELETE	1.4 CITY- 2.1 TITLE	•	+			Change	Addition
TITLE		DEELLE	2.1 117LE 2.2 NAME	i					
NAME									J
STREET ADDRESS		1	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP						ì
·CITY-ST-ZIP		☐ DELETE			 	* * *		[F] Change	Addition
TITLE]		3.2 NAME					_ ,	_
NAME	. ce		3.3 STREET ADDRESS						
STREET ADDRESS			3.4. CITY-ST-ZIP						
CITY-ST-ZIP TITLE				4.1 TITLE				☐ Change	☐ Addition
NAME			4.2 NAM						}
STREET ADDRESS			4.3 STREET ADDRESS						
	ľ		ľ						
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE		 			☐ Change	☐ Addition
NAME		_	5.2 NAME						
STREET ADORESS			5.3 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP)				
TITLE .		DELETE			 		*******	Change	Addition
NAME			6.2 NAME	:		•			
STREET ADDRESS			6.3 STRE	ET ADDRESS					
U. ILLI ADDINESS			ı		1				

14. I hereby certify that the information supplied with this filling 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 stall 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 exempte 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 epinophysical.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

3-16-99

(954) 733-3188