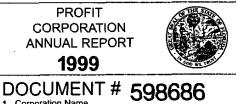
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90042 047 ***150.00

Joseph E.	MALONEY, D.M.D., P.A.							
Principal Place of Business Mailing Address								
301 EBBTIDE DRIVE 301 EBBTIDE DRIVE SUITE C SUITE C N. PALM BEACH FL 33408 N. PALM BEACH FL 33408						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 12/28/1978		
2. Principal Place	of Business	2a. Mailing Address				4. FEI Number Applied For 59-1869698 Not Applicable		
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees		
Zip Country 24 25		Zip 29 3	Counti	ry		8. This corporation owes the current year Intangible Personal Property Tax.		
Name and Address of Current Registered Agent				41	N	10. Name and Address of New Registered Agent		
MALONEY, JOSEPH E.			8		Name Street Address (P.O. Box Number is Not Acceptable)			
301 EBBTIDE DRIVE N. PALM BEACH, FL MH 33408			8	3		·		
	•		84 City			FL 85 Zip Code		
office or rogic	he provisions of Sections 607.050 stered agent, or both, in the State amiliar with, and accept the obliga	of Florida, Such change was aut	nonzed b	ıv tr	named cor ne corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered		
SIGNATURE Sign	nature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	Registered Ag	ent s	signature requir	red when reinstating) DATE		
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE P	PD DELETE		1.1 TITLE			☐ Change ☐ Addition		
NAME M	IALONEY, JOSEPH E		1.2 NAME					
STREET ADDRESS 301 EBBTIDE DRIVE				1.3 STREET ADDRESS				
			1.4 CITY-ST-ZIP 2.1 TITLE		ZP	☐ Change ☐ Addition		
-				2.1 TILE 2.2 NAME				
MALONET, POINTE, D				2.3 STREET ADDRESS				
\			2.4 CITY					
			3.1 TITLE	_		☐ Change ☐ Addition		
NAME	•		3.2 NAMI	E		•		

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

☐ DELETE

Change

Change

Change

☐ Addition

☐ Addition

Addition