

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:16

DOCUMENT # 600513

(6)

1. Corporation Name

PAUL R. SIDLO, D.D.S., P.A.

Principal Place of Business

P.O. BOX 215
LUTZ FL 33549

Mailing Address

P.O. BOX 215
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/25/1968

3a. Date of Last Report

02/18/1994

4. FEI Number

59-1223457

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 has liability for intangible tax under S. 199.032,

Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 19125 HWY 41 N.

2a. Mailing Address

26 PO BOX 215

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LUTZ FL

City & State

28 LUTZ FL

Zip

24 33549

Country

25 HILLSBORO

Zip

29 33549

Country

30 HILLSBORO

9. Name and Address of Current Registered Agent

SIDLO, PAUL R
19125 HWY. 41
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 607.0509, Florida Statutes.

SIGNATURE

Paul R. Sidlo

(Signature typed or printed name of registered agent and for it applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

2-15-95

12. OFFICERS AND DIRECTORS

TITLE	PDV
NAME	SIDLO, PAUL R DDS
STREET ADDRESS	5311 BERGER RD
CITY - ST - ZIP	LUTZ, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. I am an officer or director of the corporation or the incorporator or person 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.

SIGNATURE:

Paul R. Sidlo

(Signature typed or printed name of signing officer or director)

2-15-95

Date

913-949-4156

Daytime Phone #