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 90072 013 ***150.00

DOCUMENT # 600999 1. Corporation Name

PETER PISARIS, D. D. S., P. A.

				<u> </u>
Principal Place	e of Business	Mailing Address		
1550 MATTHEW	/ DRIVE	1550 MATTHEW DRIVE	3220 Rchm 36	dos (A)
FT. MYERS FL		FI MYERS FL 33907	T+ MICES F	DO NOT WRITE IN THIS SPACE
	17	3550 Brynwood T	_anel	3. Date Incorporated or Qualifed
		+ MYERS FL	33912	05/08/1969
0 000-1-10		2a. Mailing Address		4. FEI Number Applied For
⊢	lace of Business	n	ynwood LN	59-1261332 Not Applicable
21	# -1-	26 5550 61 Suite, Apt. #, etc.	917000000	\$8.75 Additional
Suite, Apt.	#, etc.	27 Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & State	ė	City & State		6. Election Campaign Financing \$5.00 May Be
23	•	28 FT Myers	Fe	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Intangible
24	25	29 33912 30		Personal Property Tax. Yes No
24	9. Name and Address of Cu		, T	10. Name and Address of New Registered Agent
	J. Hame and Address of Oc	Tront Itagiatore Agent	81 Jame	
Í CEN	italonza, beverly n.	•		CEK IN CHOUS
1550 MATTHEW DR.			82 Street Addre	ress (P.O. Box Number is Not Acceptable)
FT.MYERS FL 33907			83 13-5-	70 DKJUMOOD FILL
'''	TENOTE GOOD!			
			84 City-	73.012 FL 85 Zip Code 33.012
44 5	A Alba and Jalana of Captions 607	7 0502 and 607 1509 Florida Statutos	the above named corn	oration submits this statement for the purpose of changing its registered
office or r	egistered agent or both in the S	State of Florida, Such change was auth	norized by the corporatio	on's board of directors. I hereby accept the appointment as registered
agent. I ça	กรั familiar with, and accept the o	bligations of, Section 607.0505, Florida	a Statutes	n 1 - 12 00
SIGNATURE	YETER PISA	815- VIRSCION	<u> /224) 1</u>	d when reinstating) DATE
40	Signature, typed or printed name of registers	S AND DIRECTORS	egistered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		☐ DELETE	1,1 TITLE	Change Addition
TITLE	PST PIO PETER		1.2 NAME	
NAME	PISARIS, PETER			
STREET ADDRESS	1550 MATTHEW DRIVE		1 3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	D DELETE	14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE	
NAME.	PISARIS, PETER		2.2 NAME	
STREET ADDRESS	1550 MATTHEW DRIVE		2.3 STREET ADDRESS	•
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
			6.3 STREET ADDRESS	
STREET ADDRESS			6.4 CITY-ST-ZIP	
CITY-ST-ZIP	l .		5.7 OH 1 OF 2H	

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 3 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: