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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 601337

BERNARD H. KATZ, D.D.S., P.A.

Principal Place of Business	Mailing Address
1515 N. LOCKWOOD RIDGE RD. SARASOTA FL 34237	1515 N. LOCKWOOD RIDGE RD. SARASOTA FL 34237

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90089 027 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/28/1969 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-12687.11 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes the current year Intangible X Yes □No 24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KATZ, BERNARD H Street Address (P.O. Box Number is Not Acceptable) 1515 N. LOCKWOOD RIDGE RD. SARASOTA FL 34237 83 84 City Zip Code 115 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE 1.1 TITLE ☐ Addition TITLE KATZ.BERNARD H NAME 1.2 NAME 1515 N.LOCKWOOD RIDGE RD STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34237 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition ☐ Change TITLE 2.1 TITLE HANAN.LEWIS NAME 2.2 NAME 1830 SOUTH TUTTLE AVE. 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4 1 T)T) F

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

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

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5.4 CITY-ST-ZIP

NAME

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