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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601372

(6)

JOHN A. WIEST, D.D.S., P.A.

Principal Place of Business	Mailing Address		
315 W. BUSCH BLVD.	315 W. BUSCH BLVD.		
TAMPA FL 33612	TAMPA FL 33612		

FILED Feb 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/05/1969

2 Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-1270527	Not Applicable	
Suite, Apt. 4	t elc	Suite, Apt. #, etc.			\$8.75 Additional	
22	, (4.5)	27		5. Certificate of Status Desired	Fee Required	
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 or has paid the cu		
24	25	29 3	<u>ol</u>	1 drawnar 1 topo to	Yes No	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
WIEST, JOHN A. 315 W. BUSCH BLVD. TAMPA FL 33612			81 Name	81 Name		
			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			04 000		85 Zip Code	
			84 City	FL	_ 65 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 607.0505, Florida Statutes.						
	The state of the s	,				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	Registered Agent signature re	quired when reinstating) DATE	* **********	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PTD	DELETE	1,1 TITLE		L Change L Addition	
NAME	WIEST, JOHN A.		1.2 NAME			
STREET ADDRESS	315 W. BUSCH BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		,	
CITY-ST-ZIP			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 - \$T - 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-SI-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZP			6.4 CITY-ST-ZIP			
de Iborobio	ertify that the information supplied v	with this filing does not qualify for	the exemption stated	In Section 119.07(3)(i), Florida Statutes. I further c	ertify that the information	
indicated	on this annual report or supplement	tal annual report is true and accur	ate and that my sign	ature shall have the same legal effect as if made u	nder oath; that I am an	

14. The eby 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.

813 935-6255