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

DOCUMENT # 601983

ROBERT L. FERDINAND, D.M.D., AND JAMES V. FERDIN AND, D.M.D., P.A.

noinal Place of Business

Mailing Address

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90006 048 ***150.00



001 MERCY DR DRLANDO FL 32	IVE	2001 MERCY DRIVE ORLANDO FL 32808		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 03/05/1970	· · · · · · · · · · · · · · · · · · ·	
	of Discipant	2a. Mailing Address			4. FEI Number		ied For
2. Principal Place of Business 2a. Mailing Address 2b.			~-		59-1286686		Applicable
Suite Ant # etc					- O tife to of Status Desired	\$8.75 Ac	
Stite, Apr. #, etc.					5. Certifcate of Status Desired	Fee Req	uired
27 City & State					6. Election Campaign Financing	\$5.00 κ	fay Be
City & State					Trust Fund Contribution	Added to	Fees
3	Country Zip			_	8. This corporation owes the curr	ent year Intangible	
_ Zìp	Country - En			Personal Property Tax.			
4	[25]			10. Name and Address of New Registered Agent			
	9. Name and Address of Currer	t Registered Agent	81	Name			\
	WALLE BOOKERT I						
FERDINAND, ROBERT L 2001 MERCY DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)				
A GORL	ANDO FL 32808		83			阿爾特特學	
	,	•	84	1 '		FL 85 Zip C	
		y.e			poration submits this statement for the ion's board of directors. I hereby acce		egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	s Statutes	S .		DATE	
SIGNATURE	Signature, typed or printed name of registered age	THE GIVE THE PERSON OF THE PER		nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	_ _	ADDITIONS/CHANGES 15 5.	Change	☐ Addition
TITLE	PD	☐ DELETE	1.1 TITLE			_	
NAME ALL T	FERDINAND, ROBERT L		12 NAME				
STREET ADDRESS	2001 MERCY DRIVE		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-5	ST-ZIP			Addition
TITLE	VD DELETE 2.1		2.1 TITLE		•		_
NAME	FERDINAND, JAMES V		2.2 NAME	1.			
	AND ALLEM AND AVENUE		2.3 STREE	ET ADDRESS			
STREET ADDRESS	ALTAMONTE SPRINGS FL.		2, 4 CITY-	ST-ZIP			
CITY-ST-ZIP	ALIAMONTE OF TANGOTE	. DELETE	3.1 TITLE			Change	☐ Addition
TITLE	Straight Port Sell (Salar Salar Barra da Salar	3.2 NAME	:		•	
NAME				ET ADDRESS		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Libertie Marie
STREET ADDRESS			3.4. CITY-		_		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			☐ Change	· Addition
TITLE	Ļ	C Decree	4. 2 NAMI		•		
NAME	1 10			ET ADDRESS			
STREET ADDRESS	S :		L				
CITY-ST-ZIP	<u> </u>	T DELETE	4.4 CITY-			Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		· 特性學的學術	民族的内的人物	
NAME				ET ADDRESS	建筑设置。 统		
STREET ADDRES	S PARTY STATE				्राक्षित्रहरू होते । प्राप्ति । प्रश्नेत्रहरू	ASSESSED TO THE STORY	• • •
CITY-ST-ZIP		ANTENNA TO BE ELECTIVE	5.4 CITY			Change	Addition
TITLE TITLE	क्षा पुर प्रकार सम्बद्धाः स्थापन् । तस्य विकास	DELETE	6.1 TITLE				_
NAME		·	6.2 NAM	1			
STREET ADDRES			6.3 STR	EET ADDRESS			
I SIREFIAUDRES	ادہ .		_				-

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

SIGNATURE: