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

DOCLIMENT #

3434 ATLANTIC BLVD.

JACKSONVILLE FL

141

1. Corporation	on Name # 602/11	(4)				
B.J. OSSI, D.D.S., P.A.						
J.0. 0	00, 0.0.0, 1.10					F MERIE Elfel Calle lieti (mani dinoi eta) alaki kibii alaki kibii alaki bini alaki alahi lebi
Principal Plac	ce of Business	Mailing Address				
3434 ATLANTIC BLVD		3434 ATLANTIC BLVD				
BUILDING B		BUILDING B				
JACKSONVILLE FL 32207		JACKSONVILLE FL 32207				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
52	/ 5	T N. 10				03/01/1971
	Place of Business	2a. Mailing Address				4. FEI Number Applied For
Suite, Apt	# oto	26				59-1319118 Not Applicable
22		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & Sta	te	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zìp	Country		Country			8. This corporation owes or has paid the current year Intangible
24	25	29	30	3		Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent 81 Name					Name	10. Name and Address of New Registered Agent
OSSI,BEN J				*'	Name	
3434 ATLANTIC BLVD.				82	Street A	ddress (P.O. Box Number is Not Acceptable)
BUILDING B				83		
JA	CKSONVILLE FL 32207			83		
				84	City	85 Zip Code
The Property of the American of Conflor COT 0500 and 007 4500 Finish Clarker III.						FL ⁶⁵ ^{249 code}
office or agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was tions of, Section 607.0505, Fl	es, the a authorize orida Sta	d by	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required whe						equired when rainstating) DATE
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE 1,1				Change Addition
NAME	OSSI,B.J.	ACTIO DI UN		AME		
STREET ADDRESS	(ACKGONWILL E)		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL			ITY-ST	r-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE		İ	Change Addition
NAME	OSSI, JACQUELINE F		2.2 NAME			
STREET ADDRESS	IACI/CONDILLE EL				ADDRESS	· ·
CITY-ST-ZIP				2.4 CITY-ST-ZIP		
TITLE	D DAVED MADY O	DELETE			ſ	Change Addition
NAME	David, Mary O.		3.2 N	AME		

CITY-ST-ZIP 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 employment 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 or an attachment (with an address)

4.1 TITLE

4. 2 NAME

5.1 TITLE

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

DELETE

DELETE

DELETE

FILED

Jan 15 1998 8:00am

Secretary of State

3962774

☐ Change ☐ Addition

Change

Change

Addition

☐ Addition