May 01, 1999 8:00 am Secretary of State

05-01-1999 90012 042 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 604041

1. Corporation Name

ROBERT D. HELMHOLDT, D.D.S., P.A.

| 1,052 | | | | | | |
|---|---|---|------------------------|---|--|--|
| Principal Place | e of Business | Mailing Address | | | I (BBILD artit stätt fätt) fätti arkat inen alten eten enem enem enem enem enem enem | |
| 1700 NE 26TH STREET FT. LAUDERDALE FL 1700 NE 26TH STREET FT. LAUDERDALE FL | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | |
| } | | | | | 12/29/1972 | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number Applied For | |
| 21 26 | | | | | 59-1439043 Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | |
| 22 | | | | | a Florier Compaign Financing \$5.00 May Re | |
| 23 | 28 | | | | Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Count | ry | 8. This corporation owes the current year Intangible | |
| 24 | 25 | 29 30 | o <u>ł</u> | | Personal Property Tax. 🔼 Yes No | |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Registered Agent | |
| HELL | MHOLDT, ROBERT D. | | 6 | Name | | |
| 1700 NE OCTU CIDECT | | | 8 | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| FT. LAUDERDALE FL 33305 | | | ä | 13 | | |
| | | | ď | 13 | · | |
| | | | 8 | 4 City | FL 85 Zip Code | |
| office or r | to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age | e of Florida. Such change was autrations of, Section 607.0505, Florid | horized t la Statut | es. | orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered | |
| 12. | | ND DIRECTORS | 13. | your organic | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | VD: | ☐ DELETE | 1.1 TITL! | | ☐ Change ☐ Addition | |
| NAME : | MACK, M. ROBERT | | 1.2 NAM | E | | |
| STREET ADDRESS | 2300 E. LAS OLAS BLVD. | | 1,3 STRI | EET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 1,4 CITY | | · | |
| TITLE | SD | ☐ DELETE | 2.1 TITLI | | ☐ Change ☐ Addition | |
| NAME | LASALLE, THOMAS | | 2.2 NAM | E٠ | | |
| STREET ADDRESS | 75 NE 6TH AVE. | | 2.3 STR | EET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 2.4 CITY | /-ST-ZIP | | |
| TITLE | PTD | ☐ DELETE | 3.1 TTTL | . . | Change Addition | |
| NAME | HÈLMHOLDT, ROBERT D. | | 3.2 NAM | E | | |
| STREET ADDRESS | 1700 NE 26TH ST. | | 3.3 STRI | EET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | _ | /-ST-ZIP | | |
| TITLÉ . | | ☐ DELETE | 4.1 TITL | <u> </u> | ☐ Change ☐ Addition (| |
| NAME | | | 4, 2 NAN | | | |
| STREET ADDRESS | | | 4,3 STRI | EET ADDRESS | | |
| CITY-ST-ZIP | · | | 4,4 CITY | | Change C Addition | |
| TITLE | | ☐ DELETE | 5.1 TITU 5.2 NAM | 1 | ☐ Change ☐ Addition | |
| | 1. | | = 3 / NAM | _ 1 | · · · · · · · · · · · · · · · · · · · | |

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 empowered to execute this report as required by Chapter 607. Horida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE REQU

☐ DELETE

954-563-5861

☐ Change

☐ Addition

Daytime Phone #