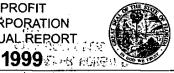
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 604183 1. Corporation Name

ROBERT D. FOLLWEILER, D.D.S., P.A.

Principal Place of Business Mailing Address 901 E. OCEAN BOULEVARD 901 E. OCEAN BOULEVARD STUART FL 34994 ··· STUART FL 34994 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/01/1973 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1936354 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee.Required 22 27 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 the current year Intangible 24 30 Personal Property Tax. Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FOLLWEILER, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 901 E OCEAN BLVD STUART FL 34994 83 Zip Code 85 11. Rursuant 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 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. Bring Backs of Lot 1 Was SIGNATURE DECTAR THE LOCK Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE 1.1 TITLE Change ☐ Addition TITLE 性 网络植物木 FOLLWEILER, ROBERT D NAME 1.2 NAME 901 E OCEAN BLVD STREET ADDRESS 1.3 STREET ADDRESS STUART FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Addition 2.1 TTLE ☐ Change TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE 3.1 TITLE ☐ Addition TITLE HELE PER NAME / 3.2 NAME charling 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. 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, Florida 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.

4.1 TITLE

51 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

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FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90068 016 ***150.00

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