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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

634526

1. Corporation	on Name C. LEICHTER, D.M.D., P.A.	•						
Principal Place	e of Business	Mailing Address				eiti Bildi pipri gebis b	IBIU ALBIBIT FERN	
7000 W CAMINO REAL #120 7000 W CAMINO REAL #120 CAMINO REAL CENTRE CAMINO REAL CENTRE BOCA RATON FL 33433 BOCA RATON FL 33433			Ø		DO NOT WRITE	IN THIS SPACE	,	
BOOK MATOR !	7L 33430	BOOK INTON IE SAISS			3. Data Incorporated or Qualifed			7
					08/20/1979			4
2. Principal P	lace of Business	2a. Mailing Address			NOT APPLICABLE	المحرو	Applied For Not Applicable	-
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.			5. Certificate of Status Desired	1	5 Additional	7
22)		27					Required	-
City & State	e	City & State		هجي م <u>نتند</u>	6. Election Campaign Financing Trust Fund Contribution	55.1 Add	00 May De — ed to Fees	<u> </u>
Zip 24	Country 25	Zip	Cou:	ntry	This corporation owes the current Personal Property Tax.	year intangible Kayes	□N ₀	}
	9. Name and Address of Curre				10. Name and Address of New Regi	stered Agent]
				81 Name				
	HTER, JULIAN C 5 NW 24TH WAY			82 Street A	ddress (P.O. Box Number is Not Acceptable)		1
	A RATON FL 33431			83	<u></u>			1
				84 City		85 2	ip Code	1
			اِــــــــــــــــــــــــــــــــــــ			FL "	76	4
office of n agent. I so	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	22 and 507.1508, Florida Statute: of Florida. Such change was au ations of, Section 607.0505, Florid	s, the al thorized da Statu	by the corpor ites.	orporation submits this statement for the puration's board of directors. I hereby accept the	e appointment a	s registered	1
SIGNATURE	Signature, typed or printed name of registered age		· ·	Anant sloven on two		DATE		_
		int and title if popiecable. (MQTE: F	кедилети		pired when reinstating)	UAIR		
12.	OFFICERS AN	ND DIRECTORS (NOTE: F	13.		ADDITIONS/CHANGES TO OFFIC			8
	OFFICERS AN							(11/98
12.	OP LEICTHER, JULIAN C	ND DIRECTORS	13.	ī£ (ERS AND DIREC		134 (11/98)
12.	OP LEICTHER, JULIAN C 4095 NW 24TH WAY	ND DIRECTORS	13. 1.1 TT 12NA	ī£ (ERS AND DIREC		2E034 (11/98)
12. TITLE KAME STREET ADDRESS CITY-ST-ZP	OP LEICTHER, JULIAN C	ND DIRECTORS	13. 1.1 TT 12 NA 1.3 ST 14 CH	LE ME REET ADDRESS TY-ST-ZIP		ERS AND DIREC	ge [] Addition	CR2E034 (11/98)
12. TITLE RAME STREET ADDRESS CITY-ST-2P TITLE	OP LEICTHER, JULIAN C 4095 NW 24TH WAY	ND DIRECTORS	13. 1.1 III 12 NA 1.3 ST 14 CH 2.1 III	LE ME REET ADDRESS IY-ST-ZIP		ERS AND DIREC	ge [] Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME	OP LEICTHER, JULIAN C 4095 NW 24TH WAY	ND DIRECTORS	13. 1.1 TT 12 NA 1.3 ST 14 CT 2.1 TT 22 NA	LE ME REET ADDRESS IY-ST-ZIP LE ME		ERS AND DIREC	ge [] Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS	OP LEICTHER, JULIAN C 4095 NW 24TH WAY	ND DIRECTORS	13. 1.1 TT 1.2 NA 1.3 ST 14 CT 2.1 TT 2.2 NA 2.3 ST	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS		ERS AND DIREC	ge [] Addition	CR2E034 (11/98)
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12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS	OP LEICTHER, JULIAN C 4095 NW 24TH WAY	ND OIRECTORS DELETE	13. 1.1 III 12NA 135T 14 CH 2.1 III 22NA 23 STI 2.4 CH	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IV-ST-ZIP LEST-ZIP		ERS AND DIREC	ge Addition	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTY-ST-ZIP	OP LEICTHER, JULIAN C 4095 NW 24TH WAY	ND OIRECTORS DELETE DELETE	13. 1.1 III 12 NA 1.3 ST 14 CH 2.1 III 22 NA 2.3 STI 32 NA 33 STI 34 CH	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME NEET ADDRESS IY-ST-ZIP		ERS AND DIREC	ge Addition	
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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 16 if planged, or on an attachment with an address, with all other like empowered.