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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

638299

(8)

1. Corporation Name LESLIE S. BROWN, D.D.S., P.J	4.	1 1881
Principal Place of Business	Mailing Address	
6700 CROSSWINDS DR N STE 2008	6700 CROSSWINDS DR N STE 200B ST PETERSBURG FL 33710	

	RG FL 33710	ST PETERSBURG		re 2008		Date Incorporated or Qualified     10/02/1979	3a. Date	of Last R 2/03/19	eport 95
						4. FEI Number		-17	Applied For
Principal Plac	ce of Business	2a. Mailing Addres	is			59-1937586			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, €	etc.			5. Certificate of Status Desired		<b>—</b> — · · · ·	Additional Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		Adde	May Be
<u>.                                    </u>	Country	7/p		Country		8. This corporation has liability for Florida Statutes 🔀 Ye	rintangible t s No	ax under s	199.032,
1	25	29	30	L-,-		10. Name and Address of New		Agent	
1	9. Name and Address of Cur	rent Registered Agent		81	Name	10. 110.			
BROWN,	, LESLIE S.			82		ess (P.O. Box Number is Not Accepte	able)		
6700 CR	OSSWINDS DR. N. SUITE 20 ERSBURG FL 33710	MR		83					
				84	City		FI	∟  ¨	Zip Code
or register familiar wi	th, and accept the obligations of S	Section 607.0505, Florida S	Statutes.			ration submits this statement for the production of directors. I hereby accept the apart of directors and the apart of the production of t	DATE		
	Signature, typed or printed name of registered	agent and lifte if applicable	(NOTE: PE	13.	r agriculture require	ADDITIONS/CHANGES TO O	FFICERS AN	ID DIRECT	TORS IN 12
12.		AND DIRECTORS						☐ Change	e 🔲 Addition
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NAME STREET ADDRESS City S*-ZiP TILLE	BROWN, LESLIE S. 6700 CROSSWINDS DR.N	4200B		1.2 NAME 1.3 STREET 1.4 City-5	1				
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)ki), 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 certify 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 charged, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE Leglie S. Brown