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Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **647541**

(2)

1. Corporation Name

**GARY S. WEINER, D.D.S., M.S., P.A.**

Principal Place of Business

**216 N. 3RD ST., STE. A  
LEESBURG FL 34748**

Mailing Address

**216 N. 3RD ST., STE. A  
LEESBURG FL 34748-5106**



3. Date Incorporated or Qualified

**12/01/1979**

3a. Date of Last Report

**07/18/1996**

2. Principal Place of Business

**21 537 Sunnyside Drive**

2a. Mailing Address

**26 537 Sunnyside Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 LEESBURG Florida**

City & State

**27 LEESBURG Florida**

Zip

**24 34748**

Country

**25 USA**

Zip

**28 34748**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**JON MANNING  
918 W DIXIE AVE  
LEESBURG, FLORIDA  
34748**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant 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 office or 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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **WEINER, GARY S., D.D.S., M.S.**  
STREET ADDRESS **216 N. 3RD ST., STE. A**  
CITY - ST - ZIP **LEESBURG FL**

TITLE **TS** ☐ DELETE

NAME **WEINER, LYNDIA S.**  
STREET ADDRESS **216 N. 3RD ST., STE. A**  
CITY - ST - ZIP **LEESBURG FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 unchanged, or on an attachment with an address.

SIGNATURE:

**GARY S. WEINER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/97**  
Date

**352-787-2696**  
Daytime Phone #

0483538

CR2E034 (9/96)