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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90142 025 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 681533

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

JEANNIE H. MORAN, D.M.D., P.A.

	The Middle Middl									
Principal Place	e of Business	Mailing Address					81E(6/6 6		., 61611 1841	
77-8TH STREET		77-8TH STREET. S	.STE.A							
C/O DR. JEANNIE H. MORAN NAPLES FL 33940		C/O DR. JEANNIE H. MORAN NAPLES FL 33940				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				
						08/07/1980			1	
2 Principal Pl	face of Rusiness	2a. Mailing Addre	ss			4. FEI Number		Appli	ied For	
2. Principal Place of Business		26 Years 9 7 Con 655				59-2027639		Not A	Applicable	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.7	5 Ad	ditional	
22		27				5. Certifcate of Status Desired	Fee	Requ	uired	
City & State		City & State				6. Election Campaign Financing	ction Campaign Financing S5.00 May Be			
23		28	·		عالمه بناء	- Trust Fund Contribution		ed to	Fees	-
Zip	Country	Zip	r3	Country	1	8. This corporation owes the current year Ir		-	,	
24	25	29	30			Personal Property Tax.	☐ Yes		□No	
	9. Name and Address of Curren	t Registered Agent		81	Nome	10. Name and Address of New Registered	Agent			
· MOD	DAN DO ICANINIC LI			01	Name					
MORAN, DR. JEANNIE H. 77 8TH STREET S. STE A			82	Street Addre	ess (P.O. Box Number is Not Acceptable)					
	LES FL 33940			83		-				
IVAIT	EE3 1 E 33940			03						
				84	City	F	85	Zip Co	ode	
44.5	1. No	2 and 607 1509. Florid	la Statutas, the	n above	e-named corne	pration submits this statement for the purpose of	f changin	a its re	egistered	
office or t	registered agent, or both, in the State (of Florida. Such chano	ie was author:	zed by	the corporatio	n's board of directors. I hereby accept the appoint	ointment a	s regi	stered	
		tions of Section 607 0	505 Florida S	tatutes	1.					
_	m familiar with, and accept the obligat	tions of, Section 607.0	505, Florida S	tatutes	i.				ļ	
agent. I a SIGNATURE	Signature, typed or printed name of registered agen		505, Florida S	tatutes	nt signature required	when reinstating) DATE				Ó
_	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. D DIRECTORS	(NOTE: Registe	tatutes	i.		ND DIRE		S IN 12	100)
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable.	(NOTE: Registe	ered Agen	i.	when reinstating) DATE				(44,00)
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN DP MORAN, DR. JEANNIE H.	t and title if applicable. D DIRECTORS	(NOTE: Registr	ered Agen	i.	when reinstating) DATE	ND DIRE		S IN 12	(00) 777 700)
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6.4 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 suppliemental 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.