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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

Thereby 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Ka7

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90024 012 \*\*\*150.00

F. AL	JUNIEN 1 # 697182 LAN HEILMAN, D.D.S., P.A.	2			DVI BODVI BODVI BODVI BODVI BODVI BODVI
	Place of Business	Mailing Address			
2600 WEST	BAY DRIVE	2600 WEST BAY DRIVE			aratt gratt gintt ninit ninit 1901
LARGO FL	33770	•			
US		LARGO FL 33770 US		DO NOT WRITE IN TH	HS SPACE
Ì		00		Date Incorporated or Qualifed	NO OF AGE
2. Principa	al Place of Business	2a. Mailing Address		08/03/1981	
21		26		4. FEI Number	Applied For
<del>_</del>	Apt. #, etc.	Suite, Apt. #, etc.		59-2102576	Not Applicable
22		27		5Certificate of Status Desired	\$8.75 Additional
City & S	State	City & State			Fee Required
Zip		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
24	Country	Zip	Country		Added to Fees
	25 9. Name and Address of Curren	29	30	This corporation owes the current year In Personal Property Tax.	
	o, isame and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Yes No
, HE	EILMAN, F. ALLAN		81 Name		- 190111
	00 W BAY DRIVE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
LA	IRGO FL 33770		<u> </u>		
			83	· · · · · · · · · · · · · · · · · · ·	1.97 s. 21. 929 s 7.90 a 50 1951
			84 City		1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11. Pursuar	nt to the provisions of Sections 607,0502	and 607 1508 Florido Status		FL	85 Zip Code
agent. I	nt to the provisions of Sections 607.0502 r registered agent, or both, in the State o am familiar with, and accept the obligation	if Florida. Such change was a ons of, Section 607,0505, Flo	authorized by the corporation or the corporation of	on's board of directors. I hereby accept the appoint	f changing its registered intranent as registered
	Signature, typed or printed name of registered agent	and title if applicable. (NOTF			
12.	Signature, typed or printed name of registered agent	and title if applicable. (NOTF	Registered Agent signature required	when reinstating).	4 (8 )
TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTF	Registered Agent signature required	I when reinstaking): ( DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD HEILMAN, F. ALLAN	and title if applicable. (NOTE	Registered Agent signature required	when reinstating).	4 (8 )
TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD HEILMAN, F. ALLAN s 2600 W BAY DR	and title if applicable. (NOTE	Registered Agent signature required  13.  1.1 TITLE	I when reinstaking): ( DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD HEILMAN, F. ALLAN	and title if applicable. (NOTE	: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	I when reinstaking): ( DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 Change Addition
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