## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

(8)

DOCUMENT # 1. Corporation Name

THACTUV I FLAHERTY D.D.S. P.A.

IMUINT	J. FLANENTT D.D.O., F.	N·							
Principal Place of	Business	Mailing Address							
6601-31ST TERR		6601-31ST TERRACE N							
ST PETERSBURG	G FL 33710	ST PETERSBURG FL 33	3710					71 - 45-	
						3. Date Incorporated or Qualified 12/31/1980	3a. Date 6	of Last Rep 01/1995	oon •
		2a. Mailing Address				4. FEI Number	L		oplied For
. Principal Place	e of Business	2a. Mailing Address			59-2046418		N	ot Applicable	
Cuito Apl #	ote		Suite, Apt #, etc.			5. Certificate of Status Desired S8.75 Additional			
Suite, Apt. #,	etc.	27	<del></del> 1			5. Certificate of Status Bosines			equired
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
		28				Trust Fund Contribution Added to Fees  8. This corporation has liability for inlangible tax under s 199.032,			
Zip	Country	Zip	30 COU	ntry		Florida Statutes Yes	∏ No	· carretor •	
	9. Name and Address of Curre	nt Registered Agent	1301			10. Name and Address of New F	legistered A	gent	
	g. Name and Address of Corre	Trogistics - Ig-		81	Name				
EI AHEDTV	, TIMOTHY J.		62 Street Ad			ess (P.O. Box Number is Not Acceptal	ole)		
6601-31ST	TERRACE NORTH		62 Street Ad			333 (			
	SBURG, FL			83					
33710	,				City	<b>85</b> Zip			Code
				84	•	ation submits this statement for the purificial of directors. Thereby accept the app	FL	<u> </u>	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OF		DIRECTO Change	RS IN 12
TITLE	PD" Flaherty, Timothy J	DECER 11			İ				_
NAME	6601-31ST TERRACE NORT	н	ı		ADDRESS				
STREET ADDRESS CITY-ST-ZIP	ST PETERSBURG, FL 00000	· · · · · · · · · · · · · · · · · · ·		1.4 CHY-ST-ZIP			<u>-</u>		
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CITY - ST - ZIP				4 CITY - S7 - 7:F				Change	☐ Addition
			62	NAME					
			6.3	STRE	E1 ADDRESS				
			6.4	CHY-	- ST - 71P		0.07/01/1	Inside Ctc.	itan I firethar
TITLE NAME STREET ADDRESS CITY-ST-ZIP	y certify that the information supplite the information indicated on this a	□ DELETE  ed with this filing is voluntarily fi  moral report or supplemental a	6 ? 6 3 6 4	NAME STREE	E1 AODRESS - ST-ZIP	for the exemption stated in Section 1 rate and that my signature shall have this report as required by Chapter 607.	19.07(3)(k), F he same leg Flonda Stat	_	Elorida Stati

oath; that I am an officer or director of the corp appears in Block 12 or Block 13 if changed, or

SIGNATURE:

G OFFICER OR DIRECTOR

1 1/16 /16 Destrue Proce #