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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	Con the second	DIVISION OF	CORPOR	ATIONS					
DOCU!	MENT # F18	5932	(9)							
	DONIS, M.D., D.D.S.,	P.A.	` ,							
	-									
rincipal Place	of Business	Mailin	ng Address				APPLE PRINTS H			
413 LAKE H MAITLAND F US			1780 LYNDALE BLVD. MAITLAND FL 32751							
D: 10						3. Date incorporated or 01/23/1981	Qualified	3a. Date	of Last 6	
- Principal Pla -	ace of Business	⊢− ¬	lailing Address			4. FEI Number			<u> </u>	Applied For
Suite, Apt. #	#, etc.	26	uite, Apt. #, etc.			59-2051034	<u> </u>			Not Applicabl
City & State		27				5. Certificate of Status I				5 Additional Required
		28	ty & State			6. Election Campaign Fit Trust Fund Contribution				00 May Be
Zιρ	Country	Z ¢	p	Cour	try	8. This corporation has I	lability for i	ntangible ta		
	9. Name and Address of (29		30		Florida Statutes	Yes	□ No		, , , , , , , , , , , , , , , , , , , ,
	o. Hamo Bito Address of t	Content Registere	eo Agent		31 Name	10. Name and Address	of New R	egistered #	Agent	
DONIS	RONALD K., M.D.D.D.S.				, idamio					
1780 LY	YNDALE BLVD					ress (P.O. Box Number is Not	l Acceptabl	e)	-	·
BAAPTI AA				8	33					
MAITLA	IND FL 32/51			1						
MAITLAI	ND FL 32/51			-	34 City				85 7	n Code
Pursuant to	of the provisions of Sections 607 ed agent, or both, in the State on h, and accept the obligations of	7.0502 and 607,15 of Florida. Such cha f, Section 607.050	508, Florida Statutet ange was authorize 5, Florida Statutes.			ration submits this statement f and of directors. I hereby accep	for the purp of the appo	FL pose of char intrnent as r		p Code registered offic Lagent. Lam
Pursuant to or registere- familiar with	o the provisions of Sections 607 ad agent, or both, in the State of h, and accept the obligations of Serabra, typed or proted name of registers	, Section 607.0508 ad agent and tills if applica	5, Florida Statutes.	s, the above d by the co		d when reinstating	л те арро	ose of char intraent as r	nging its registered	registered offic Lagent. Lam
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SIGNATURE:

Ronald K. Donis, M.D. 4/20/96 (407) 677-8999

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD K. Donis, M.D. 4/20/96 (407) 677-8999

Date Device Phone #