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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F36694 1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

NILES H. KINNUNEN, JR., D.D.S., P.A.

Principal Plac	e of Business	Mailing Address						
5801 MAIN ST		PO BOX 1087						
NEW PORT RICHEY FL 34652		NEW PORT RICHEY FL 34652		DO NOT WRITE IN THIS SPACE				
US		US					PACE	
					3. Date Incorporated or Qualif	ed		
					05/29/1981			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26		59-2098331			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		+	Additional	
22		27			O. Carmond of Claras Booked		Fee R	lequired
City & State		City & State		6. Election Campaign Financin	ng. 🗀	\$5.00	May Be	
23		28		Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Country		8. This corporation owes the o			<u> </u>
24	25	29 3	0		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of Ne	w Registered A	gent	
1/10.10	TO CONTRACTOR STATES		81	Name				
KINF	NUNEN, NILES H, JR	- 5	82	Street Addr	ress (P.O. Box Number is Not Acce	entable)		
10 5801 MAIN ST 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		275	ou ou vida		The state of the s	gerenden g Grandska klasse skrive		Action to the tweeter
, NEW	PORT RICHEY FL 34652		83			1 1 2 2 2 2 2 2	3 8	无前侧侧 腿
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′			84	City		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508. Florida Statutes	the above	e-named corp	poration submits this statement for t	he purpose of ch	hanging it	s registered
	All the court of the court of the court of	f Florida Suich change was auth	orized by		on's board of dispetors. I hospity on	cept the appoint	ment as r	egistered
office or r	egistered agent, or both, in the State of	in Florida. Such change was add	o Statutos	the corporation	on's board of directors. Thereby ac			-
ುರಿ agent.la	egistered agent, or both, in the State of members and accept the obligation	ions of, Section 607.0505, Florid	a Statutes.	the corporation	on's board of directors. Thereby ac			
signature	m familiar with, and accept the obligati	ions of, Section 607.0505, Flond	a Statutes.	•				
೪೨ agent. I a	m familiar with, and accept the obligati	and title if applicable. (NOTE: R	a Statutes.	•	od when reinstating)	DATE		
signature 12.	m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	a Statutes.	•	od when reinstalling) ADDITIONS/CHANGES TO (DATE DEFICERS AND		
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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 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 opport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or op an attachment with an address, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90015 026 ***150.00