May 06, 1999 8:00 am Secretary of State

05-06-1999 90161 022 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F42923

Corporation Name

J.S. LLEWELLYN, D.M.D., P.A.

Principal Place of Business Mailing Address						1 INDIIIS ISII SIBIS ISBUS INCOR ISBUS ISB	WIL MERTI	11 <b>9</b> 14 <b>9</b> 18	))	
•										
1000 NW 8TH /		1000 NW 8TH AVENUE C/O J. S. LLEWELLYN	1000 NW 8TH AVENUE							
C/O J. S. LLEWELLYN GAINESVILLE FL 32601		GAINESVILLE FL 32601				DO NOT WRITE IN THIS SPACE				
CAMILOTICE 12 02001						3. Date Incorporated or Qualifed				
						09/01/1981				
2. Principal Place of Business   2a. Mailing Address						4. FEI Number		Appl	ied For	
21	•	26	26			59-2121776	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				S8.75 Additional				
27						5. Certificate of Status Desired Fee Required				
City & Stat	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23						Trust Fund Contribution Added to Fees				
Zip	p Country Zip		Соиг	Country		8. This corporation owes the current year Intangible				
24 25 29			30			Personal Property Tax. Yes No				
	9. Name and Address of Cur	rent Registered Agent		•		10. Name and Address of New Registered	\gent		}	
	WELLYN I O			81	Name					
LLEWELLYN, J. S.				82	Street Add	dress (P.O. Box Number is Not Acceptable)				
1000 NW 8TH AVE										
GAIN	IESVILLE FL 32601		l	83						
			ŀ	84	City		85	Zip Co	ode	
			i		_	FL				
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	s, the ab	eve by t	-named corp	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	changin Itment a	g its re is rear	egistered (	
agent. I a	m familiar with, and accept the ob	igations of, Section 607.0505, Flori	da Statu	tes.		non-o board or an octation in notary accept the approximation				
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.					t signature require	ADDITIONS/CHANGES TO OFFICERS AN	D DIBE	CTOF	S IN 12	
12.				13.		ADDITIONS/CHANGES TO OFFICERS AN	Cha		Addition	
TITLE	<u> </u>			1.1 TITLE				(igo		
NAME				2 NAME						
STREET ADDRESS			1	1.3 STREET ADDRESS						
CITY-ST-ZIP	GAINESVILLE FL □ DELETE		1.4 C/T	_	-ZIP		∏ Cha		Addition	
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NAME				2.2 NAME 2.3 STREET ADDRESS					}	
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TITLE				3.2 NAME						
NAME										
				3.3 STREET ADDRESS						
CITY-ST-ZIP			_	4. CITY-ST-ZIP			☐ Cha	nge	Addition	
TITLE	1		1	4.1 TITLE 4. 2 NAME				go		
NAME					ADDOESS					
STREET ADDRESS			1		ADDRESS				}	
CITY-ST-ZIP		☐ DELETE	4.4 CIT		-ZIP		Cha		Addition	
TITLE		€ DELETE	5.1 IIIL				0,4			
NAME			1		ADDRESS					
STREET ADDRESS			5.4 CIT		i					
CITY-ST-ZIP			3.4 (1)	1-01			_			

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 report as required by Chapter 697, 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. **SIGNATURE** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition