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Apr 16, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F47871

1. Corporation Name

RONALD SLOOP, D.D.S., P.A.

Principal Place of Business

5604 P.G.A. BLVD
PALM BEACH GARDENS FL 33418

Mailing Address

5604 P.G.A. BLVD
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1981

4. FEI Number

59-2129935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 5160 Woodland Lakes Dr.

Suite, Apt. #, etc.

22

City & State

23 Palm Beach Gardens FL

Zip

24 33418

Country

25 USA

2a. Mailing Address

26 5160 Woodland Lakes Dr.

Suite, Apt. #, etc.

27

City & State

28 Palm Beach Gardens FL

Zip

29 33418

Country

30 USA

9. Name and Address of Current Registered Agent

SLOOP, RONALD, D.D.S., P.A.
5604 P.G.A. BLVD
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

Ronald Sloop, D.D.S., P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

5160 Woodland Lakes Dr

83

84 City

Palm Beach Gardens FL

85 Zip Code

33418

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME SLOOP, RONALD

STREET ADDRESS 5604 P.G.A. BLVD

CITY-ST-ZIP PALM BCH GARDEN FL

TITLE D ☐ DELETE

NAME SLOOP, RONALD

STREET ADDRESS 5604 P.G.A. BLVD

CITY-ST-ZIP PALM BCH GARDEN FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition

1.2 NAME Sloop, Ronald

1.3 STREET ADDRESS 5160 Woodland Lakes Dr

1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Sloop, Ronald

2.3 STREET ADDRESS 5160 Woodland Lakes Dr

2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, 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:

Ronald Sloop, D.D.S., P.A. 4/12/99 (561) 622-4576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0576446