SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** F56726

NICHOLAS D. CATSOS, D.M.D., P.A.

**FILED** Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90006 029 \*\*\*550.00

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Suite, Apt. #, etc.		⊢¬ ' '	n. #, 810.			5. Certificate of Status Desired	1 1 *	Fee Required
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FALM HANDO	112 34004			84	4 City		85	Zip Code
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11. Pursuant to the provis	ions of sections 607.0502	and 607.1508, Fl	lorida Statut	es, the above	e-named corpo	oration submits this statement for the pur- tion's board of directors. I hereby accept	pose of changir	ng its registered
agent. I am familiar v	ith and accept the chlica	tions of section 6	anange was SOZ OSOS EI	augionzeu b Iorida Statute	y ille corporat	libit's board of directors. I hereby accept	the appointmen	nt 23 rogistores
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