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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F60971

1. Corporation Name

ALAN J. FRANK, D.D.S., P.A.

Principal Place of Business		Mailing Address		1 100(100 tilb still comp laid (000) till didly didly didly didly didly			
% ALAN J FRANK. D.D.S. 3300 SOUTH TAMIAMI TRAIL. STE 2 SARASOTA FL 34239		3300 South Tamiami Trail Suite 2 Sarasota Fl 34239 US					
				DO MOT WOLTE IN THE			
				3. Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE		
		00			01/01/1982		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			<u>59-2144365</u>		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23 28		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the current year Int	angible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name)	•	
FRANK, ALAN J., D.D.S.			95	82 Street Address (P.O. Box Number is Not Acceptable)			
3300 SOUTH TAMIAMI TRAIL, STE 2 SARASOTA FL 34239		83 Street Add		Address (F.O. Box Number is Not Acceptable)		and the second of	
				4 1.4 1.5 1.6		11 (46) 200 [2]	
			84	City	FI	85 Zi	p Code
.11 Pürsuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statute	s the abov	e-namec	corporation submits this statement for the purpose of	changing	its registered
office or i	registered agent, or both, in the State arm familiar with, and accept the obligation	of Florida: Such change was au	ithorized by	the corr	poration's board of directors. I hereby accept the appoi	ntment as	registered
	***************************************	tions of, Section 607.0505, Flori	ida Statute:	S.			
SIGNATURE		·					
		it and title if applicable (NOTE: I	Registered Age	nt signature	required when reinstating): \ \. \ DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: D DIRECTORS	Registered Age	nt signature	required when reinstating): DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12
12.		***************************************		nt signature	ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	
	OFFICERS AN	D DIRECTORS	13.	nt signature			
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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 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90062 005 ***150.00