

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 02, 1999 8:00am  
Secretary of State

02-02-1999 90001 017 \*\*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F96000004855

1. Corporation Name

JUAN B. GONZALEZ, D.D.S., M.S., P.C.

Principal Place of Business

24044 RED FISH COVE DR.  
PUNTA GORDA FL 33955  
US

Mailing Address

24044 RED FISH COVE DR.  
PUNTA GORDA FL 33955  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1996

4. FEI Number

84-0820415

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GONZALEZ, JUAN B

24044 REDFISH COVE DR.  
PUNTA GORDA FL 33955

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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) 1/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

PDC  
GONZALEZ, JUAN B DDS  
24044 REDFISH COVE DR.  
PUNTA GORDA FL 33955

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

SD  
GONZALEZ, ZOA P  
24044 REDFISH COVE DR.  
PUNTA GORDA FL 33955

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

GONZALEZ, JUAN B  
24044 REDFISH COVE DR.  
PUNTA GORDA FL 33955

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

PDC  
GONZALEZ, JUAN B DDS  
24044 REDFISH COVE DR.  
PUNTA GORDA FL 33955

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

PDC  
GONZALEZ, JUAN B DDS  
24044 REDFISH COVE DR.  
PUNTA GORDA FL 33955

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

PDC  
GONZALEZ, JUAN B DDS  
24044 REDFISH COVE DR.  
PUNTA GORDA FL 33955

☐ DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: JUAN B. GONZALEZ

Date

Daytime Phone #

Jan 14 1999 (941) 505-012