

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

FILED

May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000002611 (8)**

1. Corporation Name

AESTHETIC & IMPLANT DENTISTRY OF NAPLES, INC.

Principal Place of Business

**3400 TAMiami TRAIL NORTH STE 301
NAPLES FL 34103-3717**

Mailing Address

**3400 TAMiami TRAIL NORTH STE 301
NAPLES FL 34103-3717**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

52-1834565

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**MATTSCHER, MARCELO W DDS
3400 TAMiami TRAIL NORTH STE 301
NAPLES FL 34103-3717**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPSD	<input checked="" type="checkbox"/> DELETE
NAME	MATTSCHER, MARCELO W DDS	
STREET ADDRESS	28100 PINE HAVEN WAY STE 2	
CITY-ST-ZIP	BONITA SPRINGS FL 34105	

TITLE	VDI	<input checked="" type="checkbox"/> DELETE
NAME	ARENA, DAWN M DDS	
STREET ADDRESS	28100 PINE HAVEN WAY STE 2	
CITY-ST-ZIP	BONITA SPRINGS FL 34105	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MATTSCHER, MARCELO W, DDS	
1.3 STREET ADDRESS	4751 GULFSHORE BLVD N, #1003	
1.4 CITY-ST-ZIP	NAPLES, FL 34103	

2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ARENA, DAWN M, DDS	
2.3 STREET ADDRESS	4751 GULFSHORE BLVD N #1003	
2.4 CITY-ST-ZIP	NAPLES, FL 34103	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE:

Marcelo W. Mattscher, CEO 4/24/98 (941) 644-4688

CR2E034 (10/97)