

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90069 032 ***150.00

DOCUMENT # F98000005617

1. Corporation Name
PROFESSIONAL DENTAL HYGIENISTS, INC.

Principal Place of Business
633 LAWRENCE ST.
BATESVILLE AR 72501

Mailing Address
633 LAWRENCE ST.
BATESVILLE AR 72501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1998

4. FEI Number

36-3685902

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRICE, LORI
7879 SE WINDJAMMER WAY
HOBE SOUND FL 33455

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME EVANS, WILLIAM T
STREET ADDRESS 633 LAWRENCE ST.
CITY-ST-ZIP BATESVILLE AR 72501

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME LAND, RICHARD L
STREET ADDRESS 633 LAWRENCE ST.
CITY-ST-ZIP BATESVILLE AR 72501

2.1 TITLE ☐ Change ☐ Addition

TITLE TS ☐ DELETE

NAME CHRISTIAN, ROBERT E
STREET ADDRESS 633 LAWRENCE ST.
CITY-ST-ZIP BATESVILLE AR 72501

3.1 TITLE ☐ Change ☐ Addition

TITLE COO ☐ DELETE

NAME NEWTON, FRANK H
STREET ADDRESS 633 LAWRENCE ST.
CITY-ST-ZIP BATESVILLE AR 72501

4.1 TITLE ☐ Change ☐ Addition

TITLE C ☐ DELETE

NAME BLACK, MICHAEL S
STREET ADDRESS 633 LAWRENCE ST.
CITY-ST-ZIP BATESVILLE AR 72501

5.1 TITLE ☐ Change ☐ Addition

TITLE VC ☐ DELETE

NAME BOESEL, J. P JR
STREET ADDRESS 633 LAWRENCE ST.
CITY-ST-ZIP BATESVILLE AR 72501

6.1 TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)