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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G21959

1. Corporation Name

LADD M. HORVATH, D.D.S., M.S., P.A.

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90058 048 ***150.00



21 26 59-2249155 Not. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Req	nt Applicable Additional equired May Be	Addition: Required May Be	Applied For Not Applicable 8.75 Additional Fee Required 5.00 May Be Added to Fees
NICEVILLE FL 32578 DO NOT WRITE IN THIS SPACE	nt Applicable Additional equired May Be	Addition: Required May Be	Applied For Not Applicable 8.75 Additional Fee Required 5.00 May Be Added to Fees
3. Date Incorporated or Qualifed	Additional equired May Be	Addition: Required May Be	Applied For Not Applicable 8.75 Additional Fee Required 5.00 May Be Added to Fees
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Appl	Additional equired May Be	Addition: Required May Be	Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees
2. Principal Place of Business 2a. Mailing Address 25	Additional equired May Be	Addition: Required May Be	Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees
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22 S. Certificate of Status Desired Fee Req City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to	May Be	May Be	5.00 May Be Added to Fees
City & State 6. Election Campaign Financing 7 Trust Fund Contribution Added to			Added to Fees
23 Trust Fund Contribution Added to			
	o Fees	to Fees	
Zip Country Zip Country 8. This corporation owes the current year Intangible			
24 25 29	□No	No	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			it
HORVATH, LADD M., D.D.S., M.S.			
HORVATH, LADD M., D.D.S., M.S. 82 Street Address (P.O. Box Number is Not Acceptable)			
NOTALLE DI COSTO			
NICEVILLE FL 32578			
gal City.	Code		
FL 1		Code	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 runding 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 regi	negistered aistered	Code .	Zip Code
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	9.5.5.00	Code	Zip Code
SIGNATURE (A) A STATE OF THE ST	9.0.0.00	Code	Zip Code
		Code	Zip Code
Signature, typed of philippe name of insparance agent and use it approaches.		Code ts register registered	Zip Code ging its registered nt as registered
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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, with all officer in the empowered.