

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90132 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # G27013

1. Corporation Name

SOUTH EASTERN DENTAL SALES & SERVICES, TOM CAHILL'S, INC.

Principal Place of Business

16533 N FLA AVE
LUTZ FL 33549
US

Mailing Address

16533 N FLA AVE
LUTZ FL 33549
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1983

4. FEI Number

59-2261384

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

4737 SCHOOL RD

2a. Mailing Address

4737 SCHOOL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAND O LAKES

City & State

FLORIDA

Zip

34639

Country

USA

Zip

34639

Country

USA

9. Name and Address of Current Registered Agent

CAHILL, MARGARET
16533 N. FLORIDA AVE.
LUTZ FL 33549
DELETE

10. Name and Address of New Registered Agent

81 Name

LISA K. CAHILL

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

4737 SCHOOL RD

83

84 City

LAND O LAKES**FL**

85 Zip Code

34639

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

D

NAME

CAHILL, MARGARET

STREET ADDRESS

16533 N. FLORIDA AVE.

CITY-ST-ZIP

LAND O LAKES FL 34639☒ DELETE

TITLE

VP

NAME

CAHILL, JR. T

STREET ADDRESS

16533 N FLORIDA AVE

CITY-ST-ZIP

LUTZ FL 33549☒ DELETE

TITLE

VP

NAME

CAHILL, KEVIN M.

STREET ADDRESS

16533 N FLORIDA AVE

CITY-ST-ZIP

LUTZ FL 33549☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT☒ Change ☐ Addition

1.2 NAME

KEVIN M. CAHILL

1.3 STREET ADDRESS

P.O. BOX 1479

1.4 CITY-ST-ZIP

LAND O LAKES, FL 34639

2.1 TITLE

VICE PRESIDENT☒ Change ☐ Addition

2.2 NAME

LISA K. CAHILL

2.3 STREET ADDRESS

P.O. BOX 1479

2.4 CITY-ST-ZIP

LAND O LAKES, FL 34639

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

LISA K. CAHILL
LISA K. CAHILL
VICE PRESIDENT
PRESIDENT
1/4/98
813-996-4001

CR2E034 (11/98)