Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90098 049 ***150.00

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

DOCUMENT # **G43429** 1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

CENTRAI	l florida dental labor/	ATORY, INC.				
Principal Place	of Business	Mailing Address		 	\$ 1007/112 Balls Blood (still didin 1810 near didic)I
1180 SPRING CENTER S BLVD. 1180 SPRING CENTER S			VD.			
STE 221		STE 22t			DO MOTAMOITE IN THIS OPAGE	
ALTAMONTE SPRINGS FL 32714		ALTAMONTE SPRINGS FL 32714			DO NOT WRITE IN THIS SPACE	
	. '			J	3. Date Incorporated or Qualifed 06/13/1983	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
21		26			59-2306640 Not Applicab	le
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27			Fee Required	4
City & State	9 · ~ — — — — — — — — — — — — — — — — — —	- City & State			6. Election Campaign Financing 7 75.00 May Be	ļ
23		28			Trust Fund Contribution Added to Fees	
Zip			Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes \(\square\) No	Ì
24		25 29 30			Personal Property Tax. X Yes LINO 10. Name and Address of New Registered Agent	\dashv
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent	ᅥ
T IAP	TER ROBERT I			1121110		
SALTZER, ROBERT L. 111 STONE POST RD.			82	Street Add	ddress (P.O. Box Number is Not Acceptable)	
	GWOOD FL 32779		83	1		\dashv
LOIN	31100D 12 02770					
			84	1 City	FL 85 Zip Code	
agent. I at	m familiar with, and accept the obligation	ions of, Section 607.0505, Florida	Statute	5.	ation's board of directors. I hereby accept the appointment as registered	
12.	01710211011111		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addit	tion
NAME	Saltzer, Robert Louis		1.2 NAME			
STREET ADDRESS	111 STONE POST ROAD		1.3 STREI	ET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL			ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addit	tion
NAME	SALTZER, JULIA S.		2.2 NAME			- }
STREET ADDRESS	11 STONE POST ROAD 235		2.3 STREE	ET ADDRESS		ĺ
CTY-ST-ZIP	LONGWOOD FL			ST-ZIP		
TITLE -		DELETE	-3.1 TITLE	!	☐ Change ☐ Addit	uon I
NAME			3.2 NAME			
STREET ADDRESS		3.3 \$		ET ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		DELETE 4.11			Change Addii	uQII
NAME :	4.2		4, 2 NAME			}
STREET ADDRESS	4.33		4.3 STRE	ET ADDRESS		Ì
CITY-ST-ZIP			4.4 CITY-			tion
TITLE		☐ DELETE	5.1 TITLE	1	☐ Change ☐ Addii	HOII
NAME			5.2 NAME	1		}
STREET ADDRESS			5.3 STRE	ET ADDRESS		- }

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

Change

☐ Addition