

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G55316

(5)

1. Corporation Name

SHERWIN B. PEVAROFF, D.D.S., M.S., P.A.

Principal Place of Business

Mailing Address

% SHERWIN B. PEVAROFF, D.D.S., M.S.
STE-290-4379-TAMiami-TRAIL
CHARLOTTE HARBOR FL 33980-2123
2230 Stonegate Cir.
Pt. Charlotte, FL 33948

% SHERWIN B. PEVAROFF, D.D.S., M.S.
STE-290-4379-TAMiami-TRAIL
CHARLOTTE HARBOR FL 33980-2123
2230 Stonegate Cir.
Pt. Charlotte, FL 33948

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/23/1983

3a. Date of Last Report

03/01/1994

4. FEI Number

59-2308857

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEVAROFF, SHERWIN B., D.D.S., M.S.

STE-290, 4379-TAMiami-TRAIL

CHARLOTTE HARBOR FL 33980

2230 Stonegate Cir.
Pt. Charlotte, FL
33948

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	P
NAME	PEVAROFF, SHERWIN B.
STREET ADDRESS	4379-TAMiami-TRAIL-#290 2230 Stonegate Cir.
CITY - ST - ZIP	CHARLOTTE HARBOR FL Pt. Charlotte, FL 33948
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, changed, or on an attachment with an address.

SIGNATURE:

Sherwin B. Pevaroff

4/28/95

813-627-2619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON ONE LINE

Date

Telephone Number