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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

G63931

(1)

BRUCE C. BENEDICTSON, D.D.S., P.A.

Mailing Address Principal Place of Business % BRUCE C. BENEDICTSON % BRUCE C. BENEDICTSON 222 OAKRIDGE BLVD 222 OAKRIDGE BLVD DAYTONA BEACH FL 32118-4030 DAYTONA BEACH FL 32118-4030 3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1983 05/16/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 59-2332958 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zio Yes XNo Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) BENEDICTSON, BRUCE C. 82 222 OAKRIDGE BLVD 83 **DAYTONA BEACH FL 32018** Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE TITLE 1.2 NAME BENEDICTSON, BRUCE C NAME 1.3 STREET ADDRESS 222 OAKRIDGE BLVD STREET ADDRESS DAYTONA BCH FL 14 CHY+ST-ZIP CITY - ST - ZIF Change Addit on DELFTE 2 1 Hite TITLE 2.2 NAME NAMÉ 2.3 STREET ADDRESS STREET ADDRESS 2.4 C(TY - \$1 - ZIP CHTY - ST - ZIP ☐ Change Addition DELETE 3 1 TILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 4 1 THE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition TT DELETE 5 1 TITUE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Add:tien □ DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CH\*+ST-7P 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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 chapter 6, or on an attachment with an address. CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/16

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CR2E034 (12/95)