## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

144



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G92457

(2)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

ANDREW S. SCOTT D.D.S., P.A.

**FILED** 

Mar 30 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address

W ANDREW S. SCOTT D.D.S.

4400 HIGHWAY 20 EAST. SUITE 111

NICEVILLE FL 32578

Mailing Address

W ANDREW S. SCOTT D.D.S.

4400 HIGHWAY 20 EAST. SUITE 111

NICEVILLE FL 32578

26

DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualified 03/21/1984

59-2434597

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

25   28   30	23		28					Trust Fund Contribution	,	idded 1	to Fees	
S. Oams and Address of Current Registered Apent  SCOTT, ANDREW S., D.D.S., P.A.  4400 HIGHWAY 20 EAST SUITE 111 NICEVILLE FL 32578  440 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0002 and 607 1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both; in the State of Troida Such change was submirred by the corporation's board of directors. I hereby accept the appointment as registered agent in a final with, and except the original was a final with and except the original was a final with and except the original was a final with and except the original was a final was a submirred by the corporation's board of directors. I hereby accept the appointment as registered agent in an infinite with, and except the original was a final was a submirred by the corporation's board of directors. I hereby accept the appointment as registered agent in an infinite with and except the original was a submirred by the corporation's board of directors. I hereby accept the appointment as registered agent in registered agent agent and a final was a submirred by the corporation's board of directors. I hereby accept the appointment as registered agent agent agent register agent in registered agent a	Zip	Country	Z:	ıp	c	ountry		8. This corporation owes or has paid the	current y	ear Int	angible	
SCOTT, ANDREW S., D.D.S., P.A. 4400 HORHWAY 20 EAST SUITE 111 NICEVILLE FL 32578  184	4				30			Personal Property Tax due June 30.	Yes	; <u>[</u>	No	
### 4400 HIGHWAY 20 EAST SUTE 111  NICEVILLE FL 32578  ### City												
SUTE 111 NICEVILLE FL 32578    City   FL   85   Zip Code	SCOTT, ANDREW S., D.D.S., P.A.						Name					
SUTE 111 NICEVILLE FL 32578    4	4400 HIGHWAY 20 EAST					82	R2 Street Address (P.O. Box Number is Not Acceptable)					
### City	SUITE 111						Street Address (F.O. Box Number is Not Acceptable)					
11. Pursuant to the provisions of Soctions 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, to mind accept the obligations of, Soction 607.05.05, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, to maintain with, and accept the obligations of, Soction 607.05.05, Florida Statutes, the object of directors. I hereby accept the appointment as registered agent, to maintain with an accept the obligations of, Soction 607.05.05, Florida Statutes, the object of t	NICEVILLE FL 32578					83						
11. Pursuant to the provisions of Soctions 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, I am familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes, Technology accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes, Technology accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes, Technology accept the appointment as registered agent. I am familiar with an accept the obligations of Section 607.05.05, Florida Statutes, Technology accept the appointment as registered agent. I am familiar with a favelenable.  INCEVILLE TO FINE THE Section 607.05.05, Florida Statutes, The acceptance of the obligations of the purpose of changing its registered agent accept the obligations. I accept the obligation of the obligations of the obligations. I accept the obligations of the obli												
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 agent, I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.    SIGNATURE						84	City	F	85	Zip (	Code	
Signature, layed or ported name of regulated key first if anythicables   NOTE Registered Appent signature required when remotating)   DATE	onice or r	registered agent, or both, in the State	e of Fiorida.	Such change was a	uthoriz	ed by	the corporation	oration submits this statement for the nurnoss	of chan	ging it ent as	s registered registered	
DELETE   SCOTT, ANDREW S. D.D.S.,   Addition   STREET ADDRESS   STREET A	SIGNATURE	Signature, typed or printed name of registered ag	pent and little if as	pplicable (NOTE	Register	red Age	ni signature require	ed when reinstating) DATE			****	
SCOTT, ANDREW S. D.D.S.,   12 NAME   13 STREET ADDRESS   14 CITY-ST-ZIP	12.		ID DIRECTO	DRS	13		· · · · · ·			CTOR	S IN 12	
1.3 STREET ADDRESS   14 CITY - ST - ZIP	TITLE	PD PD		DELETE	1.1	TITLE			□ c	hange	Addition	
DELETE	NAME				1,2	NAME					i	
DELETE	STREET ADDRESS				1.3	STREET	ADDRESS					
DELETE	CITY-ST-ZIP	NICEVILLE FL			1.41	CITY - S1	T-ZIP					
23 STREET ADDRESS   24 CITY-ST-ZIP	TITLE		\	☐ DELETE	_				C	hange	☐ Addition	
DELETE   DELETE   S.1.TITLE   Change   Addition	NAME				2.2	NAME						
DELETE   DELETE   3.1 TITLE     Change   Addition     Addition   3.2 NAME     3.2 NAME     STREET ADDRESS   3.3 STREET ADDRESS     CITY-ST-ZIP	STREET ADDRESS				2.3	STREET	ADDRESS					
DELETE   DELETE   3.1 TITLE     Change   Addition     Addition   3.2 NAME     3.2 NAME     STREET ADDRESS   3.3 STREET ADDRESS     CITY-ST-ZIP	CITY-ST-ZIP				2.4	CITY-S	7-7IP					
3.3 STREET ADDRESS   3.4. CITY-ST-ZIP	TITLE			DELETE	_		· - · ·			nange	Addition	
34. City-St-ZiP   35. Street ADDRESS   35. Str	NAME				3.2	NAME	1					
DELETE	STREET ADDRESS				3.3	STAEET .	ADDRESS					
DELETE	CITY-ST-ZIP				3.4.	CITY-S	T-21P					
### ### ##############################	TITLE			DELETE	_				C	nange	Addition	
A4 CITY-ST-ZIP	NAME				4.2	NAME				-		
A4 CITY-ST-ZIP	STREET ADDRESS				4.3 :	STREET .	ADDRESS					
DELETE   DELETE   5.1 TITLE   Change   Addition	CITY-ST-ZIP											
	TITLE			DELETE	_				Tic	nange	Addition	
5.3 STREET ADDRESS	NAME				5.21	NAME						
	STREET ADDRESS				5.3.9	STREET	ADDRESS					
DELETE   G.1.TITLE   Change   Addition	I											
AAME 62 NAME 63 STREET ADDRESS XTY-ST-ZIP 64 CITY-ST-ZIP	TITLE			DELETE	_					nange	Addition	
STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP	NAME			<del>-</del>	1							
XTY-ST-ZIP 64 CITY-ST-ZIP	· ·						ADDRESS					
· · · · · · · · · · · · · · · · · · ·		certify that the information supplied w	vith this filing	a does not qualify fo	the ex	emnt	ion stated in S	Section 119.07(3)(i), Florida Statutes, 1 further	certify th	at the	information	

14. 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.

CICNATIDE

Andrew S. Scott D.D.S.

(850)897-4171

3/25/98

CR2E034 (10/97)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable