**FILED** 

Mar 29, 1999 8:00 am Secretary of State

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## 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 # H13819

Corporation Name

J. MICHAEL HEIDER, D.D.S, P.A.

						OLI OLEH OLDH DIOLE	ALALI ARAKI KANI
Principal Place of Business Mailing Address							
2026 NE 19TH ST. FT. LAUDERDALE FL 33305		2026 NE 19TH ST. FT. LAUDERDALE FL 33305		DO NOT WRITE IN T	HIC CRACE		
					DO NOT WRITE IN T	HIS SPACE	——
					3. Date Incorporated or Qualifed 07/25/1984		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21		26			59-2426431		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
City & Stat	8	City & State		·	6. Election Campaign Financing  -Trust Fund Contribution	\$5.00 Added t	
Zip 24	Country 25	Zip 3	Country	<del></del>	This corporation owes the current yea     Personal Property Tax.	r Intangible 12 Yes	□No
	9. Name and Address of Curr				10. Name and Address of New Registe	red Agent	
			81	Name			
HEIDER, J. MICHAEL 2411 NE 32 AVENUE				Street Addr	ess (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33305			83				
	<b>`~</b>			<u> </u>			
			84	City	I	FL 85 Zip (	Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Stal m familiar with, and accept the obli	e of Florida. Such change was auti	nonzea ov	the corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its opointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered a	nent and title if applicable. (NOTE: R	egistered Age	nt signature require	d when reinstating) DATE	=	——
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	Р	☐ DELETE 1911				☐ Change	Addition
NAME	HEIDER, J. MICHAEL		1.2 NAME	ļ			[
STREET ADDRESS	A CALL DE LOS ALPENIES		1.3 STREET ADDRESS				
	FT. LAUDERDALE FL 33305		1.4 CITY-S				
CITY-ST-ZIP	71. GIODENDIEE IE GOOD	☐ DELETE	2.1 TITLE			☐ Change	Addition
			2.2 NAME	] '			}
NAME	•			TADDRESS			
STREET ADDRESS							ł
CITY-ST-ZIP		☐ DELETE	2. 4 C/TY-5 3.1 TITLE	31-21		Change	Addition
TITLE			3.2 NAME			•	
NAME	-			TADDRESS		·	. [
STREET ADDRESS			l		,		. (
CITY-ST-ZiP		☐ DELETE	3.4. CITY-! 4.1 TITLE	51-ZIP		☐ Change	Addition
TITLE		_ beccit					
NAME			4. 2 NAME				į
STREET ADDRESS				TADORESS			Ì
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	i1-ZIP		☐ Change	Addition
TITLE	; •	☐ NECE 1E	5.1 TITLE 5.2 NAME				
NAME			1	TADDOCCO	•		ļ
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	IT- ZIP		Change	Addition
TITLE		☐ DELETE	6.1 TITLE		·	□ Change	

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 trusted 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #