Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90179 044 ***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 # H24584

1. Corporation Name

PARKWO	OOD DENTAL CENTER, P.A	.						
Principal Place	e of Business	Mailing Address				4 1901011 8110 11011 81101 81181 16111 8101 B101		
2620 48TH AVENUE WEST 2620 48TH AVENUE WEST BRADENTON FL 34207 BRADENTON FL 34207						DO NOT WRITE IN THE	S SPACE	
						3. Date Incorporated or Qualifed		
						10/09/1984		
2. Principal P	lace of Business	2a. Mailing Address		_		4. FEI Number	Ap	plied For
21		26				59-2476643	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Re	
City & Stat		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Ir	ntangible	
24	25	29	30			Personal Property Tax.	Yes	2 -N6
	9. Name and Address of Curre	nt Registered Agent		С,		10. Name and Address of New Registered	Agent	
				81	Name			
RICKS, JOHN L., JR				82 Street Address (P.O. Box Number is Not Acceptable)				
2620 48TH AVE WEST				out of the cost that is a second of the cost				
BRA	DENTON FL 34207			83				
				84	City		85 Zip (Code
					•	FI	_	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State m familiar with and accept the oblig	02 and 607.1508, Florida Statutes of Florida. Such change was au ations of Section 607.0505, Flori	s, the a thorized da Stati	bove iby∶ ⊔tes.	-named cor the corporat	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appointment of the purpose		gistered
SIGNATURE	Though pris	President				7 - 4	<u>-ファ</u>	{
	<u> </u>	ent and title if applicable. (NOTE: I ND DIRECTORS	Registered	Agent	t signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	PD	DELETE	1.1 Ti	T) F		ADDITIONO/OFFICE TO OFFICE A	Change	Addition
	RICKS, JOHN L., JR.		1.2 N					
NAME	45. AMPHIODALE DOUE			1.3 STREET ADDRESS				ļ
STREET ADDRESS	BRADENTON FL			1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	ST	☐ DELETE	2.1 TITLE				Change	☐ Addition
	RICKS, JOHN L., JR.			2.2 NAME				}
NAME					ADDRESS			
STREET ADDRESS	BRADENTON FL		1	2.4 CITY-ST-ZIP				}
CITY-ST-ZIP TITLE	BRADENTON FL			TLE	1-211		Change	☐ Addition
NAME			3.2 N					
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP				ITY-S	1			
TITLE	☐ DELETE			4.1 TITLE			Change	☐ Addition
NAME			4. 2 N	AME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			1	TY-\$1	- 1			
TITLE		☐ DELETE	5.1 TI	_	\	· ·	Change	☐ Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET	ADDRESS			Ì
CITY-ST-ZIP			5.4 CI	TY-S1	r-ZiP			
TITLE		☐ DELETE	6.1 TI	πE			☐ Change	☐ Addition
NAME			6.2 N	AME				1

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-753-1432