## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name

(2)

DENIS B. FALCON, D.M.D., P.A.

| FILED              |  |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|--|
| Oct 01 1998 8:00am |  |  |  |  |  |  |  |  |  |  |
| Secretary of State |  |  |  |  |  |  |  |  |  |  |



| Principal Place of <b>Bus</b> iness Mailing Address        |                                   |                                 |            |  |               |        |                    | · · · · · · · · · · · · · · · · · · ·   |  | ) 1 VIST 618 |           |          |     |
|--|-----------------------------------|---------------------------------|------------|--|---------------|--------|--------------------|---|--|--------------|-----------|----------|-----|
| SUITE #2-A SUITE   |                                   |                                 |            | 99 9TH AVENUE NORTH<br>JITE #2-A                 |               |        |                    | DO NOT WOL  | E IN THIC (  | DACE:        |           |          |     |
| ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713            |                                   |                                 |            |  | 713           |        |                    | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified                             |  |              |           |          | 7   |
| l  |                                   |                                 |            |  |               |        |                    | 10/23/1984  |  |              |           |          | 1   |
| 2. Principal Place of Business                             |                                   |                                 |            | 2a. Malling Address                              |               |        |                    | 4. FEI Number Applied For   |  |              |           |          | +   |
| 21   |                                   |                                 | <b>-</b>   | 26   |               |        |                    | 1   |  |              |           | licable  | 1   |
| Suite, Apt. #, etc.  |                                   |                                 |            | Suite, Apt. #, etc.                              |               |        |                    |   | [7]  | !            | 5 Additio |          | 1   |
| 22   |                                   |                                 | 27         | 27   |               |        |                    | 5. Certificate of Status Desired  |  | Fee          | Required  | j        | ļ   |
| City & Stat  | te                                |                                 |            | City & State                                     |               |        |                    | 6. Election Campaign Financing \$5.00 May Be  |  |              |           |          | ]   |
| 23   |                                   |                                 |            | l  |               |        |                    | Trust Fund Contribution Added to Fees   |  |              |           |          |     |
|  | Zip Country                       |                                 |            | Zip Cour   |               |        | r                  | '   | oration owes or has paid the current year Intangible |              |           |          | İ   |
| 25 29 29 9. Name and Address of Current Registered         |                                   |                                 |            | L  | 30            | т      |                    | Personal Property Tax due June 30. 2 Yes No  10. Name and Address of New Registered Agent |  |              |           |          |     |
| FAL  |                                   |                                 | ent Keg    | Isteled Whelit                                   |               | 81     | Name               | 10. Name and Address of New Ke  | Biginian W   | Jent         |           |          | 1   |
|  | CON, DENIS<br>7 122 <b>0</b> 0 et |                                 |            |  |               | Ĺ      |                    |   |  |              |           |          | ļ   |
| 7287 123 <b>R</b> D ST. NORTH<br>Seminol <b>e</b> Fl 34642 |                                   |                                 |            |  |               | 82     | Street Add         | ress (P.O. Box Number is Not Acceptab   | ss (P.O. Box Number is Not Acceptable)               |              |           |          |     |
| OLM  | IIIIOLL I L O                     | 7072                            |            |  |               | 83     |                    |   |  |              |           |          | 1   |
|  |                                   |                                 |            |  |               |        |                    |   |  | <del></del>  |           |          |     |
|  |                                   |                                 |            |  |               | 84     | City               |   | FL   | 85 Z         | ip Code   |          |     |
| 11. Pursuani   | t to the provis                   | lons of sections 607.0          | 502 and 6  | 607.1508, Florida Statu                          | tes, the ab   | ove-   | named corpo        | pration submits this statement for the pur  | pose of cha  | nging its    | registere | ed .     | 1   |
| office or  | registered ag                     | ent, or both, in the Sta        | te of Flor | rida, Such change was<br>of, section 607.0505, F | authorize     | d by   | the corporat       | ion's board of directors. I hereby accept   | the appoint  | ment as      | registere | ∍d       |     |
| SIGNATURE  |                                   | in, and accept the ob-          | iganona i  | 01, 80011011 001.0303, 1                         | ionda ota     | 10101  | ٠,                 |   |  |              |           |          |     |
| SIGIVATURE   |                                   | or printed name of registered a |            |  | NOTE: Registe | ered A | geni signature rec | quired when reinstating)  | DATE   |              |           |          | ۾ [ |
| 12.  | 666                               | OFFICERS A                      | AND DIR    |  | 13.           |        |                    | ADDITIONS/CHANGES TO OFF  | ICERS AND  | DIREC        | TORS IN   | 112      | Š   |
| TITLE  | PSD                               | DC1110 D                        |            | L DELETE   | 1.1 10        |        |                    |   | L.   | _ Chang      | ,e ∐ A    | Addition | 1   |
| NAME   | FALCON,                           |                                 | ı          |  | 1.2 N/        |        |                    |   |  |              |           |          | 8   |
| STREET ADDRESS   |                                   | rd street north<br>E FL 34642   | l          |  |               |        | ADDRESS            |   |  |              |           |          | 5   |
| CITY-ST-ZIP<br>TITLE                                       | SEMINULI                          | FL 34042                        |            |  | 1.4 CI        |        | -ZIP               |   |  | T            |           |          | ۲ ۲ |
| NAME   |                                   |                                 |            | DELETE   | 2.2 N/        |        | }                  |   |  | _ Chang      | e LJA     | ddition  |     |
| STREET ADDRESS   |                                   |                                 |            |  | 1             |        | ADDRESS            |   |  |              |           |          |     |
| CITY-ST-ZIP  |                                   |                                 |            |  | 24 CI         |        |                    |   |  |              |           |          |     |
| TITLE  | <del></del>                       |                                 |            | DELETE   | 3.1 717       |        | -ZIF               |   |  | Chang        | <u> </u>  | ddition  |     |
| NAME   |                                   |                                 |            | L.J DECETE                                       | 3.2 N/        |        | }                  |   | نيا  | Unang        | ·         | WOIDO!   | )   |
| STREET ADDRESS   |                                   |                                 |            |  |               |        | ADDRESS            |   |  |              |           |          |     |
| CITY-ST-ZIP  |                                   |                                 |            |  | 3.4 Cf        |        |                    |   |  |              |           |          |     |
| TITLE  |                                   |                                 |            | DELETE   | 4.1 10        |        |                    |   |  | Chang        | e A       | ddition  | 1   |
| NAME   | Į.                                |                                 |            |  | 4.2 NA        | ME     |                    |   | <del></del>  |              |           |          | l   |
| STREET ADDRESS   | İ                                 |                                 |            |  | 4.3 \$1       | REET   | ADDRESS            |   |  |              |           |          |     |
| CITY-ST-ZIP  |                                   |                                 |            |  | 4.4 CI        | TY-ST  | -ZIP               |   |  |              |           |          |     |
| TITLE  |                                   |                                 |            | DELETE   | 5.1 TI        |        |                    |   |  | Chang        | e [] A    | ddition  |     |
| NAME   |                                   |                                 |            | _  | 5.2 NA        | ME     | İ                  | <b>9000</b> 026!<br>-10/02/98010  | 5383   | <b>3</b> 9°  |           |          |     |
| STREET ADDRESS   |                                   |                                 |            |  | 5.3 ST        | REET   | ADDRESS            |   | 305~~04  | 5            |           |          |     |
| CITY-ST-ZIP  |                                   |                                 |            |  | 5.4 CI        | TY-ST  | -ZIP               | ***150.00   |  |              |           |          |     |
| TITLE  |                                   |                                 |            | DELETE   | 6.1 Til       | LLE    |                    |   |  | Chang        |           | ddition  |     |
| NAME   |                                   |                                 |            |  | 6.2 NA        | ME     | 1                  |   |  |              | - √∨      | ` \      |     |
| STREET ADDRESS   |                                   |                                 |            |  | 6.3 ST        | REET   | ADDRESS            |   |  |              | 17        | 0.,      | ļ   |
| CITY,ST.ZIP  | 1                                 |                                 |            |  | 6400          | tver   | פול                |   |  |              | 1         | i l      | 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.

6000 11 WHUSE IN THESE SHOTT DELVER R. FALCONIC C/16/50

777-301-1155

EDWARD H. WHITE II MEDICAL COMPLEX 2299 NINTH AVENUE NORTH, SUITE 2-A ST. PETERSBURG, FLORIDA 33713 TELEPHONE (813) 321-6155

GENERAL DENTISTRY

DIVISION OF CORPORATIONS ANNUAL REPORTS FILINGS P.O. BOX 6327 TALLAHASSEE, FL 32314

RF 1998 FILING

To Whom It Concerns:

I am writing this letter to inform you that I did not ever receive a first notice for this 1998 filing. In calling your offices, I was told that many people also never received first notices and that I should write this letter stating such, and send \$150.00, as enclosed in my check # 4141.

Thank you.

Sincerely,

Denis B. Falcon, D.M.D.

Que Bun Day.

cc: general file