SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90006 005 ***150.00

·			
DOCU	JMENT #	H2	28913

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

Principal Place	of Business	Mailing Add	ress					AR Stri mikii mi		# # # # # # :	
2299 9TH AVE			venue North	ı							
SUITE #2-A	HOE HORES	SUITE #2-A									
ST. PETERSBURG FL 33713		st. Peters	ST. PETERSBURG FL 33713				DO NOT WRITE	IN THIS S	PACE		
							3. Date Incorporated or Qualified 10/23/1984				
2. Principal Place of Business		2a. Mailing A	2a. Mailing Address 26			4. FEI Number			Applied For		
21		26					59-2940604		L_	Not Applicat	ole
Suite, Apt. a	#, etc.	Suite, Ap	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addit				
	<u> </u>	27					C. Colabodic of Campa Desired			Required	
City & State		City & S	City & State				6. Election Campaign Financing	\$5.00 May Be			
23		28					Trust Fund Contribution		Add	ed to Fees	—
一 Zip	Country	— ·	Zip Country			8. This corporation owes the currer		V	П.,		
24	25	29		30	1		Intangible Personal Property.		Yes	U No	\dashv
	9. Name and Address of Curr	ent Registered Age	ent		81	Nome	10. Name and Address of New Re	gisterea A	gent		\dashv
FΔI	.CON, DENIS B				"	Name					
	7 123RD ST. NORTH				82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)			
	/ 12380 31. NORTH //INOLE FL 34642										
JEN	MINULL I E OTOTE				83						
					84	City			85 2	Zip Code	_
								<u>FL</u>			
office or a	to the provisions of sections 607.04 registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such i	change was al	uthorized	d by t	he corporatio	ation submits this statement for the pur n's board of directors. I hereby accept	the appoint	ment a	s registered	
SIGNATURE	Signature, typed or printed name of registered a	cent and title if applicable	(NO	TF Registe	red Age	ent signature requi	red when reinstating)	DATE			2 tion
12.		AND DIRECTORS		13.	7.00 / igo	on to grand to que	ADDITIONS/CHANGES TO OFFI	CERS AND	DIREC	CTORS IN 12	<u>:</u>
TITLE	PSD		DELETE	1.1 TI	TLE			T	Chan		-
NAME	FALCON, DENIS B.	_		1.2 NA	AME.			_		• —	
STREET ADDRESS	7287 123RD STREET NORT	Н		1.3 ST	REETA	DDRESS	•				ĺ
Į	SEMINOLE FL 34642	•			TY-ST-Z						į
CITY-ST-ZIP TITLE	CEMINIOLE 1 C 01012		DELETE	2.1 Ti					Chan	ge Addit	ian
Ĭ		_	") Dere ie	2.2 NA				L		gc 7,000	""
NAME					TREET ADDRESS						
STREET ADDRESS											
CITY-ST-ZIP TITLE			DELETE	3.1 TI	TY-ST-Z			Г	Chan	ge Additi	ion
	1	L	_ DELETE	3.2 N/				<u></u>	_ 511011	a. — Hour	~"
NAME				1		ADDRESS					
STREET ADDRESS					TY-ST-Z						
CITY-ST-ZIP TITLE			Toelere	4.1 TI	•	LIF			Chan	ge Addit	ion
		L	_] DELETE	4.2 NA				L	_	ac Fi voge	1011
NAME CTREET ADORESS						DDRESS					
STREET ADDRESS				i i							
CITY-ST-ZIP TITLE			DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		LIF			Chan	ge Addit	tion
		L	_ DELETE	5.1 TITLE 5.2 NAME				L	7 O1911	ac [_] vagii	JUIT :
NAME						nnesee .					
STREET ADDRESS						DDRESS					1
CITY-ST-ZIP			7	_	TY-ST-2	<u> </u>			7 ~		ior
TITLE		Ĺ	_ DELETE	6.1 TI				L	_ Chan	ge Addit	ION
NAME				6.2 NA							1
STREET ADDRESS					(DDRESS					
CITY-ST-ZIP	ale Abadaba (dea	ith this films doop so	nt avalif : fa - "		TY-ST-2		ion 119 07/3/i) Florida Statutes I furth	or cartifu th	at tha i	formation	

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. SIGNATURE:

727-321-6155

H28913 582919-90006-5

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

Denis B. Falcon, D.M.D.

GENERAL DENTISTRY

June 30, 1999

Division of Corporations Attn: Annual Report Section P.O. Box 6327 Tallahassee, FL 32314

RE: Annual Report

To Whom It Concerns:

I received a "2nd Notice" for my 1999 Profit Corporation Annual Report today, but did not receive any first notice prior to this one.

I called your offices to tell them this and I was told to enclose this letter informing of the lack of a first notice, to enclose the \$150.00 filing fee, and to complete this "2nd Notice" per instructions. Thank you.

Sincerely,

Denis B. Falcon, D.M.D.

cc: general file