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 # H32114

Corporation Name

DICK CHAPMAN, D.D.S., P.A.

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Principal Place of Business Mailing Address							
5102 MILE STR	ETCH DR	5102 MILE STRETCH OR					
HOLIDAY FL 34690		HOLIDAY FL 34690		DO NOT WRITE IN THIS SPACE			
	4				3. Date Incorporated or Qualifed	THO OF FIGE	÷;
					11/30/1984		
2. Principal P	lace of Business	2a. Mailing Address		•	4. FEI Number	Ap	optied For
21	•	26			59-2465153	No	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		****		\$8.75	Additional
22					5. Certifcate of Status Desired	Fee Re	equired
City & Stat	te	City & State		6. Election Campaign Financing S5.00 May Be		May Be	
		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year	r Intangible	-
	25	29	30	•	Personal Property Tax.	∐ Yes	□No
24	9. Name and Address of Currer		1301	T	10. Name and Address of New Registe	red Agent	
	9. Name and Address of Culter			81 Name		.#	
СНА	APMAN, DICK A.						
	B BLUFF BLVD.	•		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
HOLIDAY FL 33590				83	# 1 4 4 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	194 2 3 1 6 12 1 1 1 3 1	31351 (A) 1021
HUL	JDM1 PL 33390			83 .			
	•	•		84 City	The second secon	85 Zip	Códe
		and the second second) 1	•	FL OF	
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the a	bove-named co	rporation submits this statement for the purpos	e of changing its	registered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida Such change was a	iutnorized	o by the corpora	tion's board of directors. I hereby accept the a	ppolitiment as re	gistered
ì		110110 01, 00011011 00110000, 110					•
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered	Agent signature requi	ired when reinstating) , , , DAT	E	
12.		ID DIRECTORS	13.	•	ADDITIONS/CHANGES TO OFFICER	AND DIRECT	ORS IN 12
TITLE	P	DELETE	1.1 TI	ITLE	XP+3485 150	☐ Change	☐ Addition
NAME	CHAPMAN, DICK A.		12 N	AME.	30 740 F204		
			135	TREET ADDRESS			
STREET ADDRESS	, -		1	TY-ST-ZIP			
CITY-ST-ZIP	HOLIDAY FL 33590		1.4 CI				
TITLE		□ nci cte	24.70			☐ Change	. Addition
NAME .		☐ DELETÉ	2.1 Τ	TLE .		Change	☐ Addition
STREET ADDRESS		☐ DELETÉ	2.2 N	TLE AME		☐ Change	☐ Addition
		☐ DELETÉ	2.2 No 2.3 S	ITLE AME TREET ADDRESS		Change	☐ Addition
CITY-ST-ZIP		· .	2.2 N 2.3 S 2.4 C	ITLE AME TREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE DELETE	2.2 No 2.3 S	ITLE AME TREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
·	PAGE DECK A	· .	2.2 N 2.3 S 2.4 C	TRE AME TREET ADDRESS CITY-ST-ZIP ITLE			
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NAME STREET ADDRESS CITY-ST-ZIP	PRIMITED A A A A A A A A A A A A A A A A A A A	C DELETE	22 No. 23 S' 2.4 C 3.1 TI 3.2 No. 3.3 S' 3.4 C 4.1 TI 4.2 No. 4.3 S' 5.3 S' 4.3 S' 5.3	TITLE AME TREET ADDRESS CITY-ST-ZIP TITLE AME TREET ADDRESS CITY-ST-ZIP TITLE VAME TREET ADDRESS		Change	Addition
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5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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SIGNATURE

30点目1970日内。

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1-14-1999 727-938-4/21

Addition

☐ Change

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90001 009 ***158.75