## Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90190 021 \*\*\*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 # H39387

1. Corporation Name

WAHD A	IND MILLER, D.D.S.,P.A.						
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Principal Plac	e of Business	Mailing Address	Mailing Address			T 1001011 DEBU FILID IDIOD FIEDT IDEFT FOR BEDIK BEDER OFOR BEDER	111
% R. NEIL WAI		% R. NEIL WARD					
	REGENCY SOUARE SHOPPING CNTR.	SEARS STORE, REGENCY SOUARE SHOPPING ON		PPING CNTR.	DO NOT WRITE IN THIS SPACE		
JACKSONVILLE	FL 32225	JACKSONVILLE FL 32225				3. Date Incorporated or Qualifed	
						01/24/1985	
2. Principal P	Principal Place of Business     2a. Mailing Address					4. FEI Number Applied Fo	
21		26				59-2488231   Not Applica	
Suite Apt.	#, etc.	Suite, Apt. #, etc.				5. Cer ifcate of Status Desired   \$8.75 Additional Fee Flequired	ł
City & Stat	te	City & State				6. Election Campaign Financing 5.00 May Be	
23		28				Trust Fund Contribution Addec to Fees	
Zip	Country	Zip Cou				8. This corporation owes the current year Intangible	
24	25	29 30				Pers onal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent	
MARIN D MEN				1	Name		.
WARD, R. NEIL			8	2	Street Addr	dress (P.O. Box Number is Not Acceptable)	$\neg \neg$
SEARS STORE				7	011000 1201		
REGENCY SQUARE SHOPPING CENTER			8	3			
JAC	KSONVILLE FL 32225		8	+	City	85 Zip Code	
			°	•	City	FL   S   Z   D COOK	į
11. Pursuant to the provisions of Sections 607.05/12 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE				_	<del></del>	red when reinstatin 1) DATE	
				stered Agent signature required  13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	<u> </u>
TITLE			1.1 TITLE			☐ Change ☐ Ad	
NAME	MILLER, THOMAS R., DDS		1.2 NAM		ì		
STREET ADDFESS	acted throughts out our			1.3 STREET ADDRESS			
CITY-ST-ZIP ATLANTIC BEACH FL			14 CITY-ST-ZIP				ļ
TITLE				2.1 TITLE		☐ Change ☐ Ad	dition
NAME			2.2 NAME	2.2 NAME			
STREET ADDRESS 40 COLONY ST			2.3 STREET ADDRESS		DORESS /	16 Adista Circle	1
CITY-ST-ZIP	OT A HOLIOTHIE EL		2.4 CITY-ST-ZIP		ZIP	16 AVISTA CIRCLE St. Augustine FL 32084	· {
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Add	dition
NAME	NAME		3.2 NAME		ĺ		
STREET ADDR :SS			3.3 STRE	ETA	DORESS		
CITY-ST-ZIP	1		3.4 CITY	-ST-	ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Adi	dition

6.4 CITY-ST-ZIP CITY-ST-ZiP 14. 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRE IS

CITY-ST-ZIP

Runh SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Rois NWARD

Change

☐ Change

Addition

Addition