


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90190 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H39387					
1. Corporation Name WARD AND MILLER, D.D.S., P.A.					
Principal Place of Business % R. NEIL WARD SEARS STORE, REGENCY SQUARE SHOPPING CNTR. JACKSONVILLE FL 32225			Mailing Address % R. NEIL WARD SEARS STORE, REGENCY SQUARE SHOPPING CNTR. JACKSONVILLE FL 32225		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/24/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2488231	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax.	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
WARD, R. NEIL SEARS STORE REGENCY SQUARE SHOPPING CENTER JACKSONVILLE FL 32225		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City		FL	
				85 Zip Code	
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)