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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H52149** **(2)**

1. Corporation Name
GREG SINDAD, D.M.D., P.A.

Principal Place of Business	Mailing Address
C/O GREG SINDAD 1100 S. PONCE DE LEON BLVD..STE.2A ST. AUGUSTINE FL 32086-0125	C/O GREG SINDAD 1100 S. PONCE DE LEON BLVD..STE.2A ST. AUGUSTINE FL 32086-4295

3. Date Incorporated or Qualified: 04/15/1985
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2496103	☐ Applied For ☐ Not Applicable
21	26 72 VALENCIA ST		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28 ST AUGUSTINE FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 32084 / Country 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SINDAD, GREG 1100 S. PONCE DE LEON BLVD.,STE.2A ST. AUGUSTINE FL 32084	81 Name: GREG SINDAD 82 Street Address (P.O. Box Number is Not Acceptable): 72 VALENCIA ST 83 84 City: ST AUGUSTINE FL 85 Zip Code: 32084

11. Pursuant to the provisions of Sections 607.0502 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] GREG SINDAD
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		
TITLE	PDT	☐ DELETE	1.1 TITLE	PDT	☒ Change ☐ Addition
NAME	SINDAD, GREG		1.2 NAME	GREG SINDAD	
STREET ADDRESS	880 A1A BEACH BLVD #3216		1.3 STREET ADDRESS	72 VALENCIA ST	
CITY-ST-ZIP	ST SUGUSTINE FL		1.4 CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [signature] GREG SINDAD 4-16-97 9048829033