

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # H62289****(4)**

1. Corporation Name

STEPHEN C. MORRIS D.D.S. P.A.**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 FEB -2 PM 2:03**

Principal Place of Business

**% STEPHEN C. MORRIS D.D.S.
5668 SEMINOLE BLVD. STE. #4
SEMINOLE FL 34642**

Mailing Address

**% STEPHEN C. MORRIS D.D.S.
5668 SEMINOLE BLVD. STE. #4
SEMINOLE FL 34642**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/17/1985

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

4. FEI Number

59-2546578

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**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

**MORRIS, STEPHEN C. D.D.S.
5668 SEMINOLE BLVD.
STE. #4
SEMINOLE FL 34642**

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 607.0502 and 607.1506, 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

MORRIS, STEPHEN C.

STREET ADDRESS

5668 SEMINOLE BLVD

CITY - ST - ZIP

SEMINOLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, trustee, or liquidator of the corporation; and that I am 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 this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Type or Print Name)