

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H62289

(4)

1. Corporation Name

STEPHEN C. MORRIS D.D.S. P.A.

Principal Place of Business

% STEPHEN C. MORRIS D.D.S.  
5666 SEMINOLE BLVD. STE. #4  
SEMINOLE FL 34642

Mailing Address

% STEPHEN C. MORRIS D.D.S.  
5666 SEMINOLE BLVD. STE. #4  
SEMINOLE FL 34642



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

9. Name and Address of Current Registered Agent

MORRIS, STEPHEN C. D.D.S.  
5666 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

3. Date Incorporated or Qualified

06/17/1985

3a. Date of Last Report

02/02/1995

4. FEI Number

59-2546578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent Signatures are required when not stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
MORRIS, STEPHEN C.  
5666 SEMINOLE BLVD  
SEMINOLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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