

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H70628**

(3)

1. Corporation Name

MICHAEL J. HUBER, D.M.D., P.A.



Principal Place of Business

**1205 DELAWARE AVENUE
FT. PIERCE FL 34950**

Mailing Address

**1205 DELAWARE AVENUE
FT. PIERCE FL 34950**

2. Principal Place of Business

21 4929 S. U.S. #1

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

24 34982

Country **45A**

25

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**GALE, JACK
239 SOUTH INDIAN RIVER DRIVE
FT. PIERCE FL 33450**

3. Date Incorporated or Qualified 08/09/1985	3a. Date of Last Report 04/25/1995
4. FEI Number 59-2555533	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 Florida Statutes □ Yes □ No	

10. Name and Address of New Registered Agent

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 607.1508, 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 date when this statement was signed

STATE OF FLORIDA, Registered Agent signature required when resuming

DATE

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUBER, MICHAEL J.		
STREET ADDRESS 1145 FERNANDINA ST.		
CITY-ST-ZIP FT. PIERCE FL		
TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 in an attachment with an address.

SIGNATURE:

Michael J. Huber

4-25-95

407 410780

DATE

Day Month Year