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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H75516

(5)

1. Corporation Name
PHILLIP ESTES, D.M.D., P.A.

Principal Place of Business
7025 N. WICKHAM RD.
SUITE 105
MELBOURNE FL 32940

Mailing Address
7025 N. WICKHAM RD.
SUITE 105
MELBOURNE FL 32940-7503



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
09/11/1985

3a. Date of Last Report
04/22/1996

4. FEI Number
59-2580457

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

ESTES, PHILLIP
7025 N. WICKHAM ROAD
SUITE 105
MELBOURNE FL 32940

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

FL 35 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 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 PD ☐ DELETE

NAME ESTES, PHILLIP
STREET ADDRESS 7025 N WICKMAN RD.
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11T

12 NE

13 STREET ADDRESS

14 C-ST-ZIP

21T

22 NE

23 STREET ADDRESS

24 C-ST-ZIP

31T

32 NE

33 STREET ADDRESS

34 C-ST-ZIP

41T

42 NE

43 STREET ADDRESS

44 C-ST-ZIP

51T

52 NE

53 STREET ADDRESS

54 C-ST-ZIP

61T

62 NE

63 STREET ADDRESS

64 C-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97

Date

407-2599511

Daytime Phone #

0105171

CR2E034 (9/96)