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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # H76395 (3) 1. Corporation Name STEPHEN J. PYLE, D.D.S., P.A.							
STEPH	IEN J. PYLE, D.D.S., P.A.						
Principal Place of Business Mailing Address					i contact mini table dilla trica late	i mila didili medili midil dik	141 B1011 A101: 1031
2654 NELSON COURT 2654 NELSON COURT							
FT. LAUDERDALE FL 33332 FT. LAUDERDALE FL 333 US US							
US		US			3. Date Incorporated or Qualified 09/16/1985	3a. Date of Last 05/01/1	
Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2647265	_	Applied For Not Applicable	
Suite, Apt. #	#. etc.	Suite, Apt. #, etc.				\$8.7	5 Additional
22	·	27			5. Certificate of Status Desired	1 1 * * *	e Required
City & State	9	City & State			6. Election Campaign Financing	\$ <b>5</b> .	<b>00</b> May Be
23		28		Trust Fund Contribution			
	Zip Country Zip		Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		
24	9. Name and Address of Curre	29 Agent	30]		10. Name and Address of New R		
••••	<u> </u>			81 Name			
PYLE, S'	ITEPHEN J.			82 Street Add	dress (P.O. Box Number is Not Acceptab	otal.	
2654 NELSON COURT				511001 AU	oress (F.O. BOX Number is Not Acceptab	ne)	
	DERDALE FL 33332		Ì	83			
			-	84 City		ee 85	Zip Code
				-   - '		FL I	· l
11. Pursuant to or registers familiar wit	to the provisions of Sections 207.050 red agent, or both, in the State of Flor th, and accept the obligations of, Sec	2 and 607.1508, Florida Statuti ida. Such change was authoriz tion 607.0505, Florida Statutes	es, the aboved by the c	ve-named corporation's bo	oration submits this statement for the pur lard of directors. I hereby accept the appr	rpose of changing its ointment as register	s registered office ed agent. I am
SIGNATURE _	Signature of registered ager	Hedre J. Pole		. Yes	ked when reinstating)	424/2	
12.		ID DIRECTORS	13.	Agoni aigi entire rego	ADDITIONS/CHANGES TO OFF	OFOR AND DIDEO	TODO INLAO
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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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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(974) Jay- fur Daytinie Phone #