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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

H94934

(7)

DOCUMENT # H94

1. Corporation Name

R. SAN PEDRO, D.D.S., P.A.

11. 0741						
Principal Place of Business Mailing Address			······································	I TROLEII DIIA JOYIN BIBIR IBIBA IIISI DIBIR DIBIR DIBIR BIBIR BIBIR BIBIR BIBIR BIBIR BIBIR BIBIR BIBIR		
5223 AVENIDA SARASOTA FL		5223 AVENIDA NAVA SARASOTA FL 34242				
				3. Date Incorporated or Qualified 01/17/1986	3a, Date of Last Report 04/19/1995	
2. Principal Place of Business		2a. Maling Address		4. FEI Number	Applied For	
1		26		59-2635566	Not Applicable	
Suite, Apt. #, etc.		S.iite, Apt. #, elc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees		
Zip	Country	Zip	Country	8. This corporation has liability for i		
4 25		29	30	Florida Statutes		
	9. Name and Address of Cu	irrent Registered Agent	81 Name	10. Name and Address of New H	egistered Agent	
CAN DEE	200 004000					
SAN PEDRO, RICARDO 5223 AVENIDA NAVARRA			82 Street Add	82 Streel Address (P.O. Box Number is Not Acceptable)		
SUITE 22			83			
	="					
SARASOTA FL 34242			84 City		FL 85 Zip Code	
SIGNATURE	signature typed or partial resourching from		SOLE Responsed Agents grating responsible	STANDERS TO OFF	DATE.	
12.	PDS	S AND DIRECTORS	13. 1 1 TOTUE <b>P</b>	DS	Change Addition	
TITLE	PEDRO, R. SAN D.D.S.	[_] DECEN		Palm R. Son D.DS		
NAME CONTENT AND DECCE	1181 LANE HOUSE CIRC	OF .		Dunda Magan	SAA3 AUGUIDA	
STREET ADDRESS	SARASOTA FL	,,,,		arasota, FL 3424D	MAVARERA	
CITY-ST-ZIP TITLE		[] DELETE	2.1 11116	19	Change Addition	
NAME		<del>_</del>	2.2 NAME			
STREFT ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 C+TY - \$T - Z+F			
TITLE		☐ DELFTE	3 1 TITLE		Change  Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - S1 - ZI <sup>3</sup>		DELETE	3.4 CHY-SI-ZIP 4.1 TH, E		Change Addition	
TITLE	•		4.2 NAME			
NAME STREET ADDRESS			4.3 STREET ADURESS			
CHY-ST-ZIP			4 4 CITY - SI - ZIF			
TITLE		☐ DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5 4 C+TY - ST - Z+F			
TITLE		☐ DELET <del>L</del>	6 1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDIRESS			6.3 STREET ADDRESS			
CITY-S1-ZIP		and the first flore in the first in the firs	6 4 City St-ZIP	for the exemption stated in Section 119	(07/3//L) Florida Statutas I further	
certify that	the information indicated on this Lam an officer or director of the i		nnual report is true and accu itee empowered to execute t	rate and that my signature shall have the this report as required by Chapter 607. F		

SIGNATURE:

SNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

117/96

741-349-46leb

R2F034 (12/95)