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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State:
DIVISION OF CORPORATIONS

DOCUMENT # H94934
1. Corporation Name

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

FILED				
99 APR 16	AM 11: 10			
SECRETARY TALLAHASSE	OF STATE			

11. 47				I NEDRAH BING IBAH BURU KARA KANJANG BIRK BIRK BARK BIRK BIRK BIRK BIRK BIRK BIRK BIRK	
Principal I	Place of Business	Mailing Address		L BARRAN BARA KANIN BIRAN KANDA NANA BIRA BIRAN BARAN BARAN BARAN BARAN BARAN	
5223 AVENIDA NAVARRA SARASOTA FL 34242		5223 AVENIDA NAVARR SARASOTA FL 34242	RA		
		SHINDOIN IL 04242		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 01/17/1986	
2. Princip	pal Place of Business	2a. Mailing Address		4. FEI Number Applied Fo	or
21		56		59-2635566 Not Applic	
Suite,	Apt. #, etc.	Suite Apt #, etc		5. Certificate of Status Desired [\$8.75 Addition fie Required	
City & 23	State	City & State		6. Efection Gampaign Financing Trust Fund Contribution Trust Fund Contribution School Added to Fees	
Z ip	Country	Ziji	Country	e. This corporation owes the current year mangable	
24	25	29	30	Persona' Property Tax [] Yes [] No	
	9. Name and Address of Cur	rent Registered Agent	. 81	10. Name and Address of New Registered Agent	
9	SAN PEDRO, RICARDO		61	Name	
5223 AVENIDA NAVARRA			82	Street Address (P.O. Box Number is Not Acceptable)	
-	SUITE 22		83		
Š	SARASOTA FL 34242		1001		
			84	City 85 Zip Code	
office	rant to the provisions of Sections 607.6 or registered agent, or both, in the Sta t. I am familiar with, and accept the obl	ate of Florida. Such change wa	is authorized by t	iterianned corporation submits this statement for the purpose of changing its register the corporation's board of directors. Thereby accept the appointment as registered to	red I
SIGNATU	IRE Signature Appet or proceed name of regioner.	Markana kaomina	Sette the second of the second	tib.	
12.	and the second s	AND DIRECTORS	HE REUSS & Ajes: ■ 13.	observation requests to a CATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12
TITLE	POS	[DELETE	117/HE	VS []Change [XAc	
NAME	PEDRO, R. SAN		1.2 NAMC	Lisa Brewer, D.M.D.	

Saras ota, fl 34242 STREET ADDRESS 5223 AVENIDA NAVARRA SARASOTA FL CITY-ST-ZIP 14 OTY-51-Zet [| DELFIE 2.1 Title **€** Change Fill Addition TITLE R. San Pedro, D.D.S. NAME 22 NA95 5223 Avenida Navarre STREET ADORESS 2.3 STREET ADDRESS. CITY-ST-ZIP 2.4 (2.2) \$1.7(0) Sarasota, FL 34242 LIDELETE TITLE 3.11111.6 [| Change [] Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 City-\$1-261 DELETE 4 1 TITLE [] Addition TITLE STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-51-ZIP [] DELETE 400002842224-^{UA}0 -04/16/99--01004--008 TITLE STRILE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS ****150.00 ****150.00 54 OCY-51-2(F) CITY-ST-ZIP 6.1 TITLE [| DELETE [] Change [| Addition TITLE NAME 63 STREET ADDRES STREET ADDRESS CiTY-ST-ZiP

14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). 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 truster employeered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FIGNATURE AND PEDE OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

941-349-4664