

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90127 001 \*\*\*150.00

DOCUMENT # J26676

1. Corporation Name DR. HOWARD R. SPENCER, DMD, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 625 S.E. 2ND AVE. SUITE D BOYNTON BEACH FL 33435

Mailing Address 625 S.E. 2ND AVE. SUITE D BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified 08/01/1986
4. FEI Number 59-2701098
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 owes the current year Intangible Personal Property Tax. [X] Yes [ ] No

2. Principal Place of Business
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country 30

9. Name and Address of Current Registered Agent

SPENCER, HOWARD R. DMD
625 S.E. 2ND AVE.
SUITE D
BOYNTON BCH. FL 33435

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE [ ] DELETE
1.2 NAME SPENCER, DR. HOWARD R.
1.3 STREET ADDRESS 625 S.E. 2ND AVE.
1.4 CITY-ST-ZIP BOYNTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [ ] Change [ ] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [ ] Change [ ] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [ ] Change [ ] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [ ] Change [ ] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [ ] Change [ ] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [ ] Change [ ] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify 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 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, with all other like empowered.

SIGNATURE: Howard R. Spencer DMD Date 10-2-99 Daytime Phone # 10-2-99 81734-6606

CR2E034 (1/198)