Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90114 049 ***150.00

| DOCUMENT # J43853 1. Corporation Name | |
|--|--|
| RICHARD CARPENTER, D.D.S., P.A. | |

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business
% RICHARD CARPENTER. P.A.

9209 LITTLE RD NEW PORT RICHEY FL 34654

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

% RICHARD CARPENTER. P.A. 9209 LITTLE RD

NEW PORT RICHEY FL 34654

| | DO NOT | MKIIF IM | THIS SPACE |
|------------------|--------|----------|-------------|
| Data Incorporate | | ve e | |
| | | | |

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

11/14/1986 4. FEI Number

59-2733174

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

| CAR | PENTEK, KICHAKO, P.A. | | | | | | |
|------------------|--|----------------|-------|-------------------|---|------------------------------|-------------------------|
| 9209 LITTLE RD | | | B2 | Street A | Address (P.O. Box Number is Not Acceptable) | | |
| NEW | PORT RICHEY FL 34654 | [8 | 33 | | | | |
| | | Ļ | | <u> </u> | | les Zin | Code |
| | | ľ | B4 | City | FL | 85 Zip | Code |
| office or t | to the provisions of Sections 607.0502 and 607.1508, Florida Statut egistered agent, or both, in the State of Florida. Such change was a m familiar with, and accept the obligations of, Section 607.0505, Flo | iuthorized l | bv ti | named on he corpo | corporation submits this statement for the purpose of pration's board of directors. I hereby accept the appoint | changing its itment as re | registered egistered |
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE | : Registered A | gent | signature re | required when reinstating) DATE | | |
| 12. | OFFICERS AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTO | |
| TITLE | PD DELETE | 1,1 1111⊔ | E | | | ☐ Change | ☐ Addition |
| NAME | CARPENTER, RICHARD | 1.2 NAM | Æ | | | | |
| STREET ADDRESS | 9209 LITTLE RD | 1.3 STR | EET A | ADDRESS | | | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 1.4 CITY | /-ST- | ·ZIP | | | |
| TITLE | D DELETE | 2.1 TITL | E | | | Change | ☐ Addition |
| NAME | CARPENTER, SUSAN | 2.2 NAM | 4E | | | | |
| . STREET ADDRESS | .9209 LITTLE RD. | 2.3 STR | EET/ | ADDRESS | | - . | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 2. 4 CIT | Y-ST | -ZIP | | | |
| TITLE | DELETE | 3.1 TITL | E | | | ☐ Change | ☐ Addition |
| NAME | · · | 3.2 NAM | Æ | | | | |
| STREET ADDRESS | • | 3.3 STR | EET / | ADDRESS | | | |
| CITY-ST-ZIP | | 3.4. CIT | Y-ST | ZIP | | | |
| TITLE | DELETE | 4.1 FITE | Ē | J | | ☐ Change | ☐ Addition |
| NAME | | 4,2 NAM | ME | ļ | | | |
| STREET ADDRESS | · | 4.3 STR | EET | ADDRESS | | | 1 |
| CITY-ST-ZIP | | 4.4 CITY | /-ST- | -ZIP | | | |
| TITLE | ☐ DELETE | 5.1 TTTL | E | | | ☐ Change | Addition |
| NAME | | 5.2 NAM | AE. | | | | , |
| STREET ADDRESS | | 5.3 STR | EET/ | ADDRESS | | | |
| CITY-ST-ZIP | | 5.4 CITY | Y-ST- | ·ZIP | | | |
| TITLE | DELETE | 6.1 TITL | E | _ 7 | | ☐ Change | ☐ Addition |
| NAME T | SERVICE REPORTS | 6.2 NAM | Æ | } | | | |
| STREET ADDRESS | 1 | 6.3 STR | EET/ | ADDRESS | | | |
| CITY ST. 7ID | | 6.4 ÇITY | r-st- | -ZIP | | | |

Country

30

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 attagriment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED ON PRINTED AME OF SIGNING OFFICER OR DIRECTOR

3-16-99 727-862-7664 Date Daytime Phone # R2E034 (11/98)