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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J55180

1. Corporation Name

WILLIAM R. TREVARTHEN, JR., D.M.D., P.A.

- · · · - ·						- [1861] 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 1	, Bibli bibli bibli bibli	Minti ninti lani
Principal Place	e of Business	Mailing Address						~
600 SOUTH DIX		600 SOUTH DIXIE HIGH						
BOCA RATON FL 33432 BOCA RATON FL 33432			2			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						02/02/1987		
2 Dringing D	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
<u> </u>	lace of business	<u> </u>				59-2819471	} -	lot Applicable
21 Cuita Ant	# -t-	Suite, Apt. #, etc.				39-20 1947 1		Additional
Suite, Apt.	#, etc.	<u> </u>				5. Certifcate of Status Desired		Required
22		27 City & State						
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution	•	May Be I to Fees
23	0-1-1-1	28 7in		intry				to rees
Zip	Country	Zip		initi y		 This corporation owes the current yearsonal Property Tax. 	ear intangible Yes	□No
24	25	29	30	1		10. Name and Address of New Regis		
	9. Name and Address of Current	Registered Agent		81 N	 ame	10. Name and Address of New Regis	tered Agent	
TDE	VADTUEN WILLIAM D. ID			"	aille			
Trevarthen, William R. Jr. 600 South Dixie Highway				82 S	treet Addre	ss (P.O. Box Number is Not Acceptable)		
	A RATON FL 33432							
800	A MATON FL 33432			83				
				84 C	ity		85 Zip	Code
					•		<u>FL</u>	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida St	atutes, the a	bove-na	med corpo	ration submits this statement for the purpor's board of directors. I hereby accept the	ose of changing it	s registered
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligati	ions of, Section 607.0505,	Florida Stat	utes.	corporation	is board of directors. Thereby accept the	appointment as i	egistered
SIGNATURE	, ,							
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (f	NOTE: Registered	l Agent sign	ature required	when reinstating) Di	ATE	
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	PST	☐ DELETE	1,1 TI	TLE			☐ Change	Addition
NAME	TREVARTHEN, WILLIAM R JR		1.2 N	AME				
STREET ADDRESS	600 SOUTH DIXIE HIGHWAY		1.3 ST	TREET ADD	RESS		i	
CITY-ST-ZIP	BOCA RATON FL		1.4 CI	ITY-ST-ZIP				
TITLE	D							
NAME	[· -	☐ DELETE	2.1 TI				Change	Addition
	TOC\/ADTHEN WILLIAM D IR	☐ DELETE	l l	TLE			Change	☐ Addition
STREET ADDRESS	TREVARTHEN, WILLIAM R JR	☐ DELETE	2.2 N	TLE AME			Change	Addition
	600 SOUTH DIXIE HIGHWAY	☐ DELETE	2.2 N/ 2.3 ST	TLE AME TREET ADD	RESS		☐ Change	☐ Addition
CITY-ST-ZIP			2.2 N/ 2.3 ST 2.4 C	TLE AME TREET ADD CITY-ST-ZI	RESS		☐ Change	·
TITLE	600 SOUTH DIXIE HIGHWAY	□ DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TT	TLE AME TREET ADD CITY-ST-ZI TLE	RESS			·
TITLE NAME	600 SOUTH DIXIE HIGHWAY		2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/	TLE AME TREET ADD CITY-ST-ZI TLE AME	HRESS			·
TITLE	600 SOUTH DIXIE HIGHWAY		2.2 NJ 2.3 ST 2.4 C 3.1 TT 3.2 NJ 3.3 ST	TLE AME TREET ADD CITY-ST-ZIG TLE AME TREET ADD	RESS			·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 SOUTH DIXIE HIGHWAY	☐ DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C	TLE AME TREET ADD CITY-ST-ZI TLE AME TREET ADD CITY-ST-ZI TREET ADD	RESS		☐ Change	Addition
TITLE NAME STREET ADDRESS	600 SOUTH DIXIE HIGHWAY		22 Nv 23 ST 2.4 C 3.1 TT 3.2 Nv 3.3 ST 3.4 C 4.1 TT	ITLE AME TREET ADD CITY-ST-ZI ITLE AME TREET ADD CITY-ST-ZII	RESS			☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 SOUTH DIXIE HIGHWAY	☐ DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C	ITLE AME TREET ADD CITY-ST-ZI ITLE AME TREET ADD CITY-ST-ZII	RESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	600 SOUTH DIXIE HIGHWAY	☐ DELETE	22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV	ITLE AME TREET ADD CITY-ST-ZI ITLE AME TREET ADD CITY-ST-ZII	RESS PRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	600 SOUTH DIXIE HIGHWAY	☐ DELETE	22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C E 4.1 TT 4.2 NV 4.3 ST	TILE AME TREET ADD TITY-ST-ZI TITE AME TREET ADD TITY-ST-ZII TITE VAME	RESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	600 SOUTH DIXIE HIGHWAY	☐ DELETE	22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI	TILE AME TREET ADD TITLE AME TREET ADD TITLE TREET ADD TITLE VAME TREET ADD TREET ADD TREET ADD TREET ADD TREET ADD	RESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 SOUTH DIXIE HIGHWAY	☐ DELETE	22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI	TILE AME TREET ADD CITY-ST-ZII TLE AME TREET ADD CITY-ST-ZII TLE TREET ADD TREET ADD TREET ADD TREET ADD TREET ADD TREET ADD	RESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	600 SOUTH DIXIE HIGHWAY	☐ DELETE	22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV	TILE AME TREET ADD CITY-ST-ZII TLE AME TREET ADD CITY-ST-ZII TLE TREET ADD TREET ADD TREET ADD TREET ADD TREET ADD TREET ADD	RESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	600 SOUTH DIXIE HIGHWAY	☐ DELETE	22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST	ITLE AME TREET ADD CITY-ST-ZII TLE AME TREET ADD CITY-ST-ZII TLE VAME TREET ADD ITY-ST-ZII TLE AME	RESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	600 SOUTH DIXIE HIGHWAY	☐ DELETE	22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.4 CI	TILE AME TREET ADD CITY-ST-ZII TREET ADD CITY-ST-ZII TREET ADD TREET ADD	RESS		☐ Change	Addition Addition

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 impowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP