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 Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90053 042 ***150.00

DOCUMENT # **J64353**

1. Corporation Name

FRICI TOWNSEND D.D.S. P.A.

ENIC L.	TOWNSEND, D.D.S., F.A.										
Principal Place of Business Mailing Address					}						
105-A SOLANA ROAD PONTE VERDA FL 32082 US 105-A SOLANA. ROAD PONTE VERDA FL 32082 US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
		_						03/30/1987			
2. Principal P	lace of Business	2a, Mailing Address				Ì		FEI Number		\vdash	pplied For
21		26						59-2760888			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5,	Certificate of Status Desired		•	Additional equired_
City & Stat	е	City & State		_				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	C	ountry		7	8.)	This corporation owes the cur	rent year In	tạngjble	
24	25	29	30			4		Personal Property Tax.		Yes	□No
Name and Address of Current Registered Agent							10.	Name and Address of New	Registered	Agent	
WALKED LANGUE OF DA					Name						•
WALKER, JAMES V. C PA				82	Street	Addres	s (P.	O. Box Number is Not Accept	able)		
217 PONTE VEDRA PARK DR											
BLDG 100, SUITE #200				83							~
PON	TE VEDRA FL 32082			84	City				FL	85 Zip	Code
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change wa	s authoriz	ed by t	the corpo	corpora oration's	tion s boa	submits this statement for the ard of directors. I hereby acce	purpose of pt the appo	changing its intment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent	and this if prolimble (Al	OTE: Registe	and Amond	t eignature r	aguirad ud	hon roi	instation	DATE		
12.	OFFICERS AND	<u></u>	1:		i signature n	aquii eu w	_	DDITIONS/CHANGES TO OF		ND DIRECTO	ORS IN 12
TITLE			TITLE				DDITIONOTO WATOLO TO OF	110211071	Change	Addition	
NAME	TOWNSEND, ERIC L.	<u></u>		NAME				_			
STREET ADDRESS	238 SOLANO ROAD			13 STREET ADDRESS (O		105	A	Solana Road Vedra, FL 3:			
CITY-ST-ZIP	TO 1			1.4 CITY-ST-ZIP		Dow	ite	Vedra FL 3:	2082		
TITLE				2.1 TITLE			<u></u>	1000100		Change	☐ Addition
NAME	2		2.2	2.2 NAME							
STREET ADDRESS	23		2.3 STREET ADDRESS			,				1	
CITY-ST-ZIP	The state of the s		2.4 CITY-ST-ZIP								
TITLE			3.1 TITLE						Change	Addition	
NAME			3.2	NAME							
STREET ADDRESS			3.3	STREET	ADDRESS						
CITY-ST-ZIP			34	CITY-ST	r-ZIP						
TITLE		☐ DELETE	4.1	TITLE						Change	☐ 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 angueing 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 fursite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

THE DESCRIPTION OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayling Phone #

:R2E034 (11/98)

☐ Change

☐ Change

Addition

☐ Addition