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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90001 014 ***150.00

DOCUMENT # J72091 1. Corporation Name

DIAN M. OLAH, D.M.D., P.A.

| Principal Place | e of Business | Ma | ailing Address | | | | | 1501 | | | JUU 50101 1101 U | a (a)§ a (a) | | BIBII DIBII IBBI |
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| CLEARWATER FL 33759 CLEARWATER FL 33759 | | | | | | | | | | | WRITE IN | THIS SP | ACE | |
| us us | | | | | | | | 3. Date inco | , | ed or Qua | lifed | | | ļ |
| | | | | | | | | 06/01/1 | | | | | | |
| 2. Principal Pl | lace of Business | 2a. | Mailing Address | | | | | 4. FEI Numb | | | | | | oplied For |
| 21 | | 26 | | | | | | <u>59-2820</u> | <u> 1630 </u> | | | | | ot Applicable |
| Suite, Apt. | #, etc. | Ь, | Suite, Apt. #, etc. | | | | | 5. Certifcate | of Stat | tus Desir | ed 🗆 | • | | Additional |
| 22 | | 27 | | | | | | | | | | | | equired |
| City & State | e · | Н | City & State | | | | | 6. Election C | | - | cing 🗆 | | | May Be |
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| Zip | Country | | Zip | Cou | nıry | | | 8. This corpo | | | current yea | | ite Yes | X(No) |
| 24 | 25 | 29 | | 30 | | | | Personal I | <u> </u> | | aw Panisto | | ` | AND |
| | 9. Name and Address of Current | t Regis | terea Agent | | 81 | Name | <u></u> | 10. Name an | u Auu | ess of it | en vedian | neu Age | - | |
| OLAI | H, DIAN M. | | | | | | | | | | | | | |
| | MCMULLEN BOOTH ROAD, SUI | TF 410 | E 410 | | | Street A | Addres | s (P.O. Box No | umber | is Not Ac | ceptable) | | | |
| | ARWATER FL 33759 | 116 711 | | | | | | | | | | | | - |
| CLEA | ANIATER IE 33738 | | | | 83 | | | | | | | | | ļ |
| | | | | | 84 | City | | | | | | FL | 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.0502 egistered agent, or both, in the State of | 2 and 6 | 07.1508, Florida Statutes | s, the al | pove | e-named o | corpora | ation submits t | his stat | tement fo | r the purpo: | se of cha | anging its | registered |
| office of r | registered agent, or both, in the State C im familiar with, and accept the obligat | tions of, | Section 607.0505, Flori | da Stati | ıtes. | uie corpu | JIAUUII | s poard or dire | ciuis. | i nereby | accept the t | дрронии | ioni ao i | ,g.0.0.0 |
| SIGNATURE | | | | | | | | | | | • | | | 1 |
| | | | | | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title i | f applicable. (NOTE: F | Registered | Agent | t signature re | equired w | nen reinstating) | | | DAT | | | |
| 12. | OFFICERS ANI | | CTORS | Registered | Agent | | | nen reinstating) ADDITION: | S/CHA | NGES TO | | S AND I | | |
| | | | | | _ | _ <u></u> | ρ5 | ADDITION | | | OFFICER | S AND I | DIRECTO | DRS IN 12 |
| 12. | OFFICERS ANI | | CTORS | 13. | LÉ | _ <u></u> | ρ5 | ADDITION | | | OFFICER | S AND I | | |
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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: