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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J91920

(5)

PRECISION SOUTH DENTAL CORPORATION Principal Place of Business Mailing Address % PETER FRAGIACOMO % PETER FRAGIACOMO 1200 OLD DIXIE HWY #4 1200 OLD DIXIE HWY #4 LAKE PARK FL 33403 LAKE PARK FL 33403 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2854563 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Yes □ No Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FRAGIACOMO, PETER 81 Name 1200 OLD DIXIE HWY #4 82 Street Address (P.O. Box Number is Not Acceptable) LAKE PARK FL 33403 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE \*\* nature, typics or printed han e of registered agent and title if applicable (NO1): Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 DILE Change Addition FRAGIACOMO, PETER NAME 1.2 NAME 1200 OLD DIXIE HWY #4 STREET ADDRESS 1.3 STREET ADDRESS LAKE PARK FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAMÉ 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP ☐ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME

14. I hereby certify that the information sopplied 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 upfort 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 tify received 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 atlachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

4/14/98 561 842654

**FILED** 

May 13 1998 8:00am

Secretary of State