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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K86234

1. Corporation Name

| | Y S. MERAL, D.D.S., P.A. | | | | | | | | | | |
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| | | | | | | | | 05/08/1989 | | | |
| 2. Principal F | Place of Business | | Mailing Address | | | | ł | FEI Number | | <u> </u> | Applied For |
| 21 | | 26 | | | | | 1 | <u>65-0132587</u> | | | lot Applicable |
| Suite, Apt | . #, etc. | | Suite, Apt. #, etc. | | | | 5. | Certificate of Status Desired [| 3 | , | Additional |
| 22 | | 27 | 0. 00. | | | | —- | | | | Required |
| City & Sta | ite | ⊢ | City & State | | | | | Election Campaign Financing | | - | O May Be |
| 23 | | 28 | 7:- | | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country 25 | ⊢ | Zip | Coun | ıry | | 1 | This corporation owes the current | • | | A5 |
| 24 | 9. Name and Address of Current | 29 29 | ovad Agent | 30 | | | | Personal Property Tax. Name and Address of New Reg | | Yes | ØNo _ |
| | .s. Name and Address of Corrent | registe | ered Agent | | 31 | Name | 10. | Name and Address of New Reg | ISIEI EG A | deur | |
| MEF | RAL, JEFFREY S., DDS PA | | | | | | | | | | |
| | 3 W. OAKLAND PK. BLVD. | _ | | [1 | 32 | Street Addres | ss (P. | O. Box Number is Not Acceptable | 3) | | |
| _ | IRISE FL 33351 | | | - f | 33 | | | | | | 2 2 2 2 2 2 |
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| office or | to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, And accept the obligation | z and 607 of Florida | 7.1508, Fiorida Statut i. Such change was a | es, the about outhorized b | ove-n | named corpor ne corporation | ration n's boa | submits this statement for the pur ard of directors. I hereby accept the | rpose of c ne appoint | manging it tment as r | s registered egistered |
| agent. I a | am familiar with, And accept the obligati | lions of, S | | | | · | | | W/C6 | _ | |
| SIGNATURE | 1776 | -440 | S NOZO- Some | Λ (_ | -7 | | | • //: | ケナノ / | | |
| | | | 7 520 | | | | | | | | |
| 12 : | Signature, typed or printed name of registered agent | | applicable. (NOTE | : Registered A | | ignature required v | | | DATE AND | DIRECT | OPS IN 12 |
| 12. | OFFICERS AND | | applicable. (NOTE | Registered A | gent si | ignature required w | | instating) DDITIONS/CHANGES TO OFFIC | | | |
| TITLE | OFFICERS AND | | applicable. (NOTE | 13. | gent si | ignature required w | | | | DIRECT | |
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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 of 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNA

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90043 018 ***150.00