FILE 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 #
1. Corporation Name

K91243

(1)

OSCAR HILT TATUM, III, D.M.D., P.A.

FILED May 14 1998 8:00am Secretary of State



Pri	in cipa l Place	of Business	Mailing Address				1 (50 (8))) 5/2 (8)0) (180 (8)0) (40 0 0 10) 2 (2) (3) (3) (4) (4) (4) (4)
% OSCAR HILT TATUM III 2299 NINTH AVENUE NORTH #1-E ST. PETERSBURG FL 33713			% OSCAR HILT TATUM III 2299 NINTH AVENUE NORTH #1-E ST. PETERSBURG FL 33713				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 05/26/1989
2.	Principal Pla	ace of Business	2a, Mailing Address				4, FEI Number Applied For
21	•		26				59-2956759 Not Applicable
	Sulte, Apt.	₩, etc.	Suite, Apt #, etc.				\$8.75 Additional
22			27				ree nequired
_	City & State	•	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Zip	p Country Zip			ntry		Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24	Zip	25	29	30			Personal Property Tax due June 30. Yes No
24		g. Name and Address of Current					10. Name and Address of New Registered Agent
	TAT	UM, OSCAR HILT III			81	Name	
2299 NINTH AVENUE NORTH					82	Street A	Address (P.O. Box Number is Not Acceptable)
					83		,
ST PETERSBURG FL FL 33713							\
]	84	City	FL 85 Zip Code
	Duray ont t	a the provisions of Continue 607 050	2 and 607 1509 Florida Statu	itos tho at	NO NE	n-named	the second state of the second
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and billed applicable (NOTE Registered Agen						el signature	re required when reinstaling) DATE
12. OFFICERS AND D							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT		DELETE		1.1 18	LE		Change Addition
NAME		TATUM, OSCAR HILT III		1.2 NA	NAME		
STREET ADDRESS		2299 9TH AVE V #1E		1.3 ST	AEET	ADDRESS	
CITY-ST-ZIP		ST PETERSBURG FL			14 CITY-ST-ZI		l Alice
TITLE		V	☐ DELETE	1	21 THTLE		Change Addition
NAME		BORGNER, RICHARD A DDS		2.2 NA			
STREET ADDRESS		2299 9TH AVE NO #1E				ADDRESS	,
	Y-ST-ZIP	ST PETERSBURG FL	DELETE			ST-ZIP	Change Addition
TITLE			beten		32 NAME		CULLEN, MARK T DDS Lange BAddition 2299 944 AVE N # 1E
NAME						ADDRESS	2299 944 AVE N # 1E
STREET ADORESS CITY-ST-ZIP						ST-ZIP	St. Petersburg FL 33713
TITLE			DELETE	4.1 Til		EN	Change Addition
NAME				4. 2 N	AME	-	
STREET ADDRESS				4.3 ST	4.3 STREET A		
OITY-ST-ZIP				4.4 CITY-		iT-ZIP	
•			☐ DELETE	5.1 717			Change Addition
ij	.			5.2 NA	ME		
	rs l			5.3 ST	reet	ADDRESS	
	1			5.4 Ci	<u> 14 - S</u>	31 - ZIP	
			☐ DELETE	6.1 T(LF		Change Addition
				6.2°N/	ME		
				6.3 ST	REET	ADDRESS	
				6.4 CI	TY-S	31 - 2 1P	

mation supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it 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 incretion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in langed, or on an attact provided with an address.

11/10/04