

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:22

DOCUMENT # L13817 (6)

1. Corporation Name

LAWRENCE ROSS, DDS, P.A.

Principal Place of Business

C/O LAWRENCE ROSS
9422 S FEDERAL HWY
PT ST LUCIE FL 34952
US

Mailing Address

C/O LAWRENCE ROSS
9422 S FEDERAL HWY
PT ST LUCIE FL 34952
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/01/1989

3a. Date of Last Report

04/14/1994

4. FEI Number

65-0142861

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROSS, LAWRENCE
9422 S FEDERAL HWY
PT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 of Registered Agent (printed name of Registered Agent and the date)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE

☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

13.29 TITLE

☐ Change ☐ Addition

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY, ST, ZIP

13.33 TITLE

☐ Change ☐ Addition

14. I, the undersigned, certify that the information given above is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information submitted in this 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 and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report.

SIGNATURE:

LAWRENCE A. ROSS, DDS, PA

MAR 8 '95 407/335-7971