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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLÔRIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 05, 1999 8:00 am Secretary of State

05-05-1999 90154 004 \*\*\*150.00

DOCU	MENT	#   '	1622	2
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1. Corporation Name

ORLANDO DENTAL SERVICES, INC.

Principal Place	of Business	Mailing Address			1 1881/86/ 40/ 1/8/8 8/// 1/8/8 1//	TID HUN DIBH BIE		rieji Aibit ihei
12515 N. KENDA	ALL DR	12515 N. KENDALL DR						
SUITE 412		SUITE 412						
MIAMI FL 33186		MIAMI FL 33186		DO NOT WRITE IN THIS SPACE  3 Date incorporated or Qualifed				
US		US			1 -			
- D: :	f Dualing	A Mailing Address			09/12/1989 4. FEI Number		ΙΔε	plied For
	ace of Business O N. Dracke Blossom	2a. Mailing Address			65-0146486		<u> </u>	ot Applicable
21 5736 Suite, Apt. #		Suite, Apt. #, etc.			00-0140400		\$8.75	
	w, etc.	27			<ol><li>Certifcate of Status Desired</li></ol>		Fee Re	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23 Pr 0	indo EL	28			Trust Fund Contribution		Added	•
Zip	Country	Zip	Countr	·——-	8. This corporation owes the curr	rent vear Inta	ngible	<del></del>
<u> 3</u> 28	,	29 30	-1		Personal Property Tax.		☐Yes	□No
200	g. Name and Address of Current				10. Name and Address of New I	Registered A	gent	
			8	1 Name				
	CA, MICHAEL		8:	2 Street Add	dress (P.O. Box Number is Not Accept	able)		
5805	BLUE LAGOON DRIVE		0	- Olieel Add	2.000 (1.0. DOX Hamber to Hot Moodpe			
SUITE	E 1700		8:	3	<del></del>			
MIAM	II FL 33126		-	1 00			ge Zin	Codo
			8	4 City		FL	85 Zip	Code
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State of	of Florida. Such change was auth	onzed b	y tne corporat	ion's board of directors. I hereby acce	britile appoin	iment as re	•
office or re agent. I an SIGNATURE	to the provisions of sections our registered agent, or both, in the State on familiar with, and accept the obligated agent of printed name of registered agent	of Florida. Such change was auth tions of, Section 607.0505, Florida	onzed b a Statute	y the corporat	ion's board of directors. I hereby acce	DATE	ment as re	
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officer or director of the corporation or the receiver or trustee empowered to execute this report as re Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR