

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L18022

1. Corporation Name

PAUL S. HELBING, D.D.S., P.A.

Principal Place of Business

%PAUL S. HELBING
9200 BONITA BEACH RD #106
BONITA SPRINGS FL 34135
US

Mailing Address

%PAUL S. HELBING
9200 BONITA BEACH RD #106
BONITA SPRINGS FL 34135
US

2. Principal Place of Business

2a. Mailing Address

21 16565 Vanderbilt Dr.
Suite, Apt. #, etc.

26 16565 Vanderbilt Dr.
Suite, Apt. #, etc.

22 Bonita
City & State

27 Bonita Springs, FL
City & State

23 Bonita Springs, FL
Zip Country

28 Bonita Springs, FL
Zip Country

24 34134

25 USA

29 34134

30 USA

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1989

4. FEI Number

59-2985371

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Trust Fund Contribution

☐

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE

NAME HELBING, PAUL S
STREET ADDRESS 9200 BONITA BEACH RD #106
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE VPT ☐ DELETE

NAME HELBING, KERRY VICTORIA
STREET ADDRESS 9200 BONITA BEACH RD #106
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 16565 VANDERBILT DRIVE
1.4 CITY-ST-ZIP BONITA SPRINGS, FL 34134

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 16565 VANDERBILT DRIVE
2.4 CITY-ST-ZIP BONITA SPRINGS, FL 34134

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 attachment with an address, with all other like empowered.

SIGNATURE: VPT Kerry Victoria Helbing KERRY VICTORIA HELBING 4/19/99 941-992-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90088 029 ***150.00



CR2E034 (11/98)