

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P93000023047**

1. Corporation Name

MID-COUNTY DENTAL CENTER, INC.

Principal Place of Business

**8190 OKEECHOBEE BLVD
WEST PALM BEACH FL 33411**

Mailing Address

**8190 OKEECHOBEE BLVD
WEST PALM BEACH FL 33411**

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90020 009 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1993

4. FEI Number

65-0406767

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 owes the current year
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

21 4047 okeechobee Blvd

Suite, Apt. #, etc.

22 219

City & State

23 WEST PALM BEACH, FL

Zip

24 33409

Country

25 Palm Beach

2a. Mailing Address

26 4047 OKEECHOBEE BLVD

Suite, Apt. #, etc.

27 219

City & State

28 WEST PALM BEACH, FL

Zip

29 33409

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

**GUZAUSKAS, ROBERT DDS
1401 VILLAGE BLVD
APT 1614
W PALM BCH FL 33409**

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 **P** ☐ DELETE
NAME **GUZAUSKAS, ROBERT DDS**
STREET ADDRESS **422 48TH STREET**
CITY-ST-ZIP **WEST PALM BCH FL 33407**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 419.07(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 the 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 in an attachment with an address.

SIGNATURE: **Robert Guzuskas** REQUIRED

Date

Daytime Phone #

7/2/99

CR2E034 (5/99)