FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

9:56

TALLAHASSEE, FLORIDA

DOCUMENT # **P93000034559 (3)**

1. Corporate Name

R.M.C., D.M.D., P.A.

Principal Place of Business

5012 - 301 BLVD E
SUITE THREE
BRADENTON FL 34203

Mailing Address

5012 - 301 BLVD E
SUITE THREE
BRADENTON FL 34203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/13/1993**

3a. Date of Last Report: **05/01/1994**

2. New Principal Place of Business

21 5012 301 BLVD. E.

Suite, Apt. #, etc.

22 SUITE 3

City & State

23 BRADENTON FLORIDA

Zip: 24 34203 25 County: MANATEE

2a. Mailing Address

26 5012 - 301 BLVD. E.

Suite, Apt. #, etc.

27 SUITE 3

City & State

28 BRADENTON, FLORIDA

Zip: 29 34203 30 County: MANATEE

4. FEI Number: **65-0410622** ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARTER, RANDALL M
5012 - 301 BLVD E
SUITE THREE
BRADENTON FL 34203

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 Section 607.1622 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 changes are 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

12. OFFICER AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '12
DPST CARTER, RANDALL M 5012 301 BLVD E SUITE 3 BRADENTON FL 34203	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, complete and accurate. I further certify that I am familiar with and have complied with the provisions of Chapter 607, Florida Statutes, relating to the preparation of this report, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: Randall M. Carter 11/17/95 813-739-2088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDALL M. CARTER D.M.D.

0483006 FP