

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Suzanne B. Montmart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000034559 (3)

1. Corporation 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
4. FDI 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	

2. Principal Place of Business	2a. Mailing Address
21. 5012 310 BLVD. E.	26. 5012 - 301 BLVD. E.
State, Apt. #, etc. 22. SUITE 3	State, Apt. #, etc. 27. SUITE 3
City & State 23. BRADENTON FLORIDA	City & State 28. BRADENTON, FLORIDA
Zip 24. 34203	Country 25. MANATEE
29. 34203	30. MANATEE

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARTER, RANDALL M 5012 - 301 BLVD E SUITE THREE BRADENTON FL 34203	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation ratifies the 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, thereby accept the appointment as registered agent. I am hereby appointed and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME CARTER, RANDALL M STREET ADDRESS 5012 301 BLVD E SUITE 3 CITY, STATE, ZIP BRADENTON FL 34203	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law for Florida Statutes. I further certify that the information is not altered in 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 available or authorized to represent the corporation in the recovery of business compensation to state into this report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or in an attachment to an affidavit.

SIGNATURE: *Randall M. Carter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RANDALL M. CARTER D.M.D.

4/17/95 813-739-2088