Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90065 025 \*\*\*150.00

## 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 # P9300050595

TMJ AN	D DENTAL DISORDERS, P.A	<b>l.</b>							
Principal Plac	te of Business	Mailing Address					AHIII BBIBI BII	10 10181 Bill 1001	
7640 38TH AVENUE NORTH 7640 38TH AVENUE NORTH							-		
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710									
US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 07/20/1993			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	1	Applied For	
21	26					59-3192298	1	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5 Contiferate of Status Desired	\$8.75	Additional	
27						5. Certificate of Status Desired	Fee F	Required	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be_	
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year Int	angible	}	
24	25 29 30			Personal Property Tax. ☐ Yes ☐ No					
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent		
500	PANCALLE OTALLEY IN		1	81	Name				
ROSENKRANZ, STANLEY W 201 E. KENNEDY BLVD.			1	82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
SUITE 1000				83					
TAMPA FL 33602				_					
			] {	84	City	FL	85   Zip	Code	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligate	of Florida. Such change was au	uthorized l	by th	-named corpor he corporation	ration submits this statement for the purpose of 's board of directors. I hereby accept the appoi	changing it ntment as r	ts registered registered	
SIGNATURE	and a souper that a souper that a sounger								
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered A	gent :	signature required v	when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITL	E		•	☐ Change	Addition	
NAME	KLEMENT, THOMAS V. 12N			Æ	-	•			
STREET ADDRESS	ESS 7640 38TH AVENUE, NORTH 1.3S			EETA	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		-ZIP				
TITLE	DELETE 2.1 T		2.1 TITL	E			☐ Change	Addition	
NAME			2.2 NAM	Œ		·			
STREET ADDRESS			2.3 STRI	EETA	ADDRESS	,			
CITY-ST-ZIP	2.40		2. 4 CIT	Y-ST-	-ZIP	· .			
TITLE	7		3.1 TITLI			· · ·	☐ Change	Addition	
NAME			3.2 NAM	ŧΕ				j	
STREET ADDRESS			3.3 STRI	EET A	ADDRESS				
CITY-ST-ZIP			3.4. CITY			÷			
TITLE		☐ DELETE	4.1 TITLI		_		Change	Addition	
NAME			4. 2 NAM	ΜE	1.				
STREET ADDRESS					ADDRESS			1	
City-St-ZiP			4.4 CITY			•			
TITLE		☐ DELETE	5.1 TITLE		<del></del>	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME			5.2 NAM				_ •	_	
STREET ADDRESS	•				ADDRESS	- · · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP			5.4 CITY					1	
TITLE		☐ DELETE	6.1 TITU		<del></del>		☐ Change	Addition	
NAME			6.2 NAM	E	ĺ	,	_ ,		

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 suppliemental 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 a plattachpient with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:X

STREET ADDRESS

CITY-ST-ZIP