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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000056093 (6)

FILED Jan 22 1998 8:00am Secretary of State

SPRING HILL ORTHODONTICS, P.A.							
Principal Place of Business Mailing Addr	ress			I INCIERRI AID ACIAN ACIAI ENERA UNIII NU			
3154 FLAMINGO BLVD. 3154 FLAMINGO BLVD.							
SPRING HILL FL 34607 SPRING HILL FL 34607							
		DO NOT WRITE IN THIS SPACE					
				3. Date incorporated or Qualified			
2. Principal Place of Business 2a. Mailing A	ddrong			08/09/1993 4. FEI Number		14	U . 4 F
¬ , '	duress						Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				¢0 75			
27				5. Certificate of Status Desired		Fee Rec	
R2 27 City & State City & State	ate			6. Election Campaign Financing	\$	5.00 N	dev Be
23				Trust Fund Contribution		dded to	
Zip Country Zip	Country			8. This corporation owes or has pa	aid the current y	ear Inta	pgible
24 25 29	30	30		Personal Property Tax due June 30. Yes 🔏 No			No
9. Name and Address of Current Registered Age	nt	Ι,		10. Name and Address of New Re	gistered Agen	<u> </u>	
STARCK, ROBERT L		81	Name				
3154 FLAMINGO BLVD.		82	Ştreet Addres	ss (P.O. Box Number is Not Acceptat	ole)		
SPRING HILL FL 34807							
		83					
		84	City		65	Zip C	ode
		\perp				<u> </u>	
 Pursuant to the provisions of Sections 607,0502 and 607,1508, F office or registered agent, or both, in the State of Florida Such of agent. I am familiar with, and accept the obligations of, Section 6 	hange was authorize	ed by	the corporatio	ration submits this statement for the parties and of directors. I hereby accept	ourpose of char pt the appointm	iging its ent as ri	registered egistered
	007.0000, 1 10110a 011	atutos	•				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Register	red Ager	nt signature required	when reinstating)	DATE		
12. OFFICERS AND DIRECTORS	13	l		ADDITIONS/CHANGES TO OFFICE	CERS AND DIR	CTORS	S IN 12
TITLE PD	DELETE 1.1	TITLE				hange	Addition
		NAME					
STREET ADDRESS 3154 FLAMINGO BLVD.		1.3 STREET ADDRESS					
CITY-ST-ZIP SPRING HILL FL		CITY-ST	- 21P				
TITLE	DELETE 2.1 T					hange	Addition
2.21		2.2 NAME					
REET ADDRESS 2.3		2.3 STREET ADDRESS					1
CITY-ST-ZIP		CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE DELETE 3		3.1 TITLE				hange	☐ Addition
NAME		NAME					,
STREET ADDRESS	1		ADDRESS				
CITY-ST-ZIP		CITY-S	T-ZIP			hange	Addition
		TITLE			ب	Hanye	☐ VOOIIIOII
NAME		NAME					
STREET ADDRESS			ADDRESS				
CITY-ST-ZIP		CITY-ST TITLE	- ZIP		П	hange	Addition
NAME		NAME			`	nango	, racinon
STREET ADDRESS			ADDRESS				
							,
CITY-ST-ZIP	1	CITY-ST TITLE	- AIF		По	hange	☐ Addition
NAME		NAME				-	
STREET ADDRESS							
	633	STREET	ADORESS I				
CHTY-ST-ZIP		STREET A					

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 rustee 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.

Stanck / 1-12-98 /465866 634