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PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400001496 (6)

Feb 02 1998 8:00am Secretary of State

FILED

Principal Place of Busin 2608 PIONEER ROAD ORLANDO FL 32808	MITH, JR., D.D.S., P	Mailing Address 2606 PIONEER ROAD ORLANDO FL 32806				DO NOT WRI			
						3. Date incorporated or Qualifie	đ		
<u></u>						12/28/1993			
2. Principal Place of Bu	siness	2a. Mailing Address				4. FEI Number			pplied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-3213802			ot Applicable Additional
22		27				5. Certificate of Status Desired	<u> </u>		equired
City & State		City & State				6. Election Campaign Financing		*	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes or has	paid the cur		
24	25	29	30			Personal Property Tax due Ju			□ No
g. Nan	ne and Address of Curren	t Registered Agent		Ļ.,		10. Name and Address of New	Registered	Agent	
SMITH, THO	MAS S JR.,DDS			18	Name				
2608 PIONE	er road			82	Street Add	ress (P.O. Box Number Is Not Accept	lable)		
orlando f	L 32808							ALAT NO.	*C-11-11-11-11-11-11-11-11-11-11-11-11-11
				83					
				84	City			85 Zip	Code
5		0 4 007 4500 Florida Ou		<u> </u>		b. de	FL		
11. Pursuant to the prov	visions of Sections 607.0503 agent, or both, in the State	z and 607,1508, FloridarStat of Florida/Such change wis	utes, the a	wove-i	named corp	poration submits this statement for the	e purpose or	cnanging i ointment as	registered
Author or sociated an			s auu ionze	ed by t	the corporat	tion's board of directors. I hereby acc	יבאי וויב מאא		
agent. I am familiar	with accept the obligh	itions of, section 60/4504.	Florida Stat	ed by t itutes.	the corporat	poration submits this statement for the tion's board of directors. I hereby acc	epi ine app	1	
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SIGNATURE Signature, by	ad or printed name at registered age	nt and little if applicable. (N	OTE: Registere			ired when reinstating)	1-2 DATE	4-9	<u> </u>
SIGNATURE	1/2 / Jelle	nt and little if applicable. (N		ed Agent			1-2 DATE	4-9	<u> </u>
SIGNATURE Skipnellure_bar	of printed name filtinguitared age OFFICERS AND	ra and little if applicable. (N	OTE: Registere	ed Agent		ired when reinstating)	1-2 DATE	7-9	RS IN 12
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