


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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90092 045 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P94000003283

1. Corporation Name
ARMANDO BLARDONIS D.D.S., P.A.



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| Principal Place of Business 20533 OLD CUTLER RD #4 MIAMI FL 33189 US | Mailing Address 20533 OLD CUTLER RD #4 MIAMI FL 33189 US |
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DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------------|---------------------------|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 65-0461896 | Applied For <input type="checkbox"/> Not Applicable |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 City & State | 28 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Zip Country 25 | 29 Zip Country 30 | 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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|--|--|
| 9. Name and Address of Current Registered Agent BLARDONIS, ARMANDO 4530 S.W. 68TH COURT CIRCLE #4 MIAMI FL 33155 | 10. Name and Address of New Registered Agent 81 Name BLARDONIS ARMANDO 82 Street Address (P.O. Box Number is Not Acceptable) 1865 BRICKELL AVE. 83 84 City MIAMI FL 85 Zip Code 33129 |
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11. Pursuant to the provisions of Sections 607.0502 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 change was 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | DPVT <input type="checkbox"/> DELETE | 1.1 TITLE | DPVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLARDONIS, ARMANDO | 1.2 NAME | BLARDONIS, ARMANDO |
| STREET ADDRESS | 4530 S.W. 68TH CT. CIRCLE #4 | 1.3 STREET ADDRESS | 1865 BRICKELL AVE #A-1504 |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | MIAMI, FL 33129 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 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 an attachment with an address, with all other like empowered.

SIGNATURE: Armando Blardonis ARMANDO BLARDONIS, PRESIDENT 1/20/99 305-552-0088
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)