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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000016271

ARLYN T. KOULA, D.D.S., P.A.

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90009 014 \*\*\*150.00



| Principal Plac   | ce of Business   | Mailing Address  |   |  |                             |  |                                     | <b>D) 11010 D1160</b> E10   |   |
|--|--|--|---|--|-----------------------------|--|-------------------------------------|---|---|
| 6080 SOUTH APOPKA VINELAND ROAD 6080 SOUTH APOPKA VINELAND   |  |  |   | DAD  |                             |  |                                     |   |   |
| ORLANDO FL 32819 ORLANDO FL 32819  |  |  |   | -  |                             | DO NOT   | MOTETAL TU                          | IC CDACE  |   |
|  |  |  |   |  |                             | 3. Date Incorporated or Qua  | WRITE IN TH                         | S SPACE   | · · ·                                       |
|  |  |  |   |  |                             | 03/01/1994   | amed                                |   |   |
| 2. Principal F   | Place of Business  | 2a. Mailing Address  |   |  |                             | 4. FEI Number  |                                     | Ι.Δ   | pplied For                                  |
| 21   | •  | 26   |   |  |                             | 59-3232977   |                                     | <u> </u>  | ot Applicable                               |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.  | ****  |  |                             |  |                                     |   | Additional                                  |
| 22   |  | 27   |   |  |                             | 5. Certifcate of Status Desir  | red 🖸                               | Fee R   | equired                                     |
| City & Stat  | te .   | City & State   |   |  |                             | 6. Election Campaign Finan   | ıcing _                             | \$5.00  | May Be                                      |
| 23   |  | 28   |   |  |                             | Trust Fund Contribution  |                                     |   | to Fees                                     |
| Zip  | Country  | Zip  | Cour  | ntry   |                             | 8. This corporation owes the   | e current year l                    |   | _   |
| 24   | 25   | 29   | 30  |  |                             | Personal Property Tax.   |                                     | ☐ Yes   | □No   |
|  | 9. Name and Address of Curre   | nt Registered Agent  |   | 81 N   |                             | 10. Name and Address of I  | New Registere                       | d Agent   |   |
| k∩i.   | JLA, ARLYN T D.D.S.  |  | . [   | ין ויס   | łame .                      |  |                                     |   | •   |
|  | O S. APOPKA VINELAND ROAD  | •  | ļ   | 82 5   | treet Addres                | ss (P.O. Box Number is Not Ad  | cceptable)                          | · ·   |   |
|  | ANDO FL 32819  |  | ,   | 00   |                             |  |                                     | 1 315 31 1 1  |   |
| Offic  | 3400 12 32013  |  | 1   | 83   |                             |  | いり接続                                | 11 1 ( Tr. A 12)  |   |
|  |  |  | ŀ   | <b>84</b> C  | City                        |  |                                     | 85 Zip  | Code  |
|  |  |  |   | 1  |                             |  | F                                   |   |   |
| 11. Pursuant office or r   | to the provisions of Sections 607.050 registered agent, or both, in the State                                    | 02 and 607.1508, Florida Statute<br>of Florida. Such change was a                        | es, the ab<br>uthorized   | ove-na<br>by the   | amed corpor<br>corporation  | ration submits this statement fo<br>n's board of directors. I hereby | or the purpose of<br>accept the app | of changing it:<br>pintment as r  | s registered<br>ealstered                   |
|  | ım familiar with, and accept the obliga  | tions of Section 607 0506 Flor   | rida Statu  |  |                             |  |                                     |   | 3,-1,                                       |
| agent. I a   | in familial with, and accept the conga   | itions of, Section 607.0303, Figi  | ilida Statu   | ites.  |                             |  |                                     |   |   |
| agent. I a<br>SIGNATURE  | , ,  | ,  |   |  |                             | ·  |                                     |   | ·   |
| SIGNATURE  | Signature, typed or printed name of registered age   | nt and title if applicable. (NOTE:   | : Registered /  |  | nature required v           | when reinstating).   | DATE                                | ND DIDECT   | DDC IN 40                                   |
| SIGNATURE  | Signature, typed or printed name of registered age OFFICERS AN   | nt and title if applicable. (NOTE:   | : Registered /  | Agent sig  | nature required v           | when reinstating).  ADDITIONS/CHANGES To                             |                                     |   |   |
| SIGNATURE  12. TITLE   | Signature, typed or printed name of registered age OFFICERS AN   | nt and title if applicable. (NOTE:   | 13.   | Agent sig  | nature required v           |  |                                     | ND DIRECTO  | ORS IN 12                                   |
| SIGNATURE  12. TITLE NAME  | Signature, typed or printed name of registered age OFFICERS AN D KOULA, ARLYN T D.D.S.                           | nt and title if applicable. (NOTE:  ND DIRECTORS  DELETE                                 | 13.<br>1.1 TITE<br>1.2 NAV  | Agent sig<br>LE<br>ME  |                             |  |                                     |   |   |
| SIGNATURE  12. TITLE NAME STREET ADDRESS   | Signature, typed or printed name of registered age OFFICERS AN D KOULA, ARLYN T D.D.S. 6080 S. APOPKA VINELAND R | nt and title if applicable. (NOTE:  ND DIRECTORS  DELETE                                 | 13.<br>1.1 TITI<br>1.2 NA/<br>1.3 STF   | Agent sig<br>LE<br>ME<br>REET ADI  | DRESS .                     |  |                                     |   |   |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed name of registered age OFFICERS AN D KOULA, ARLYN T D.D.S.                           | nt and title if applicable. (NOTE:  ND DIRECTORS  DELETE                                 | 13. 1.1 TITE 1.2 NA 1.3 STF   | Agent sig<br>LE<br>ME<br>REET ADI<br>Y-ST-ZIF  | DRESS .                     |  |                                     | ☐ Change  | ☐ Addition                                  |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | Signature, typed or printed name of registered age OFFICERS AN D KOULA, ARLYN T D.D.S. 6080 S. APOPKA VINELAND R | nt and title if applicable. (NOTE:  ND DIRECTORS  DELETE                                 | 13.<br>1.1 TITI<br>1.2 NA<br>1.3 STF<br>1.4 CIT<br>2.1 TITI   | Agent sig<br>LE<br>ME<br>REET ADI<br>Y-ST-ZIF<br>LE  | DRESS .                     |  |                                     |   |   |
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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.

6.4 CITY-ST-ZIP

407 3517083