

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90061 011 ***150.00

DOCUMENT # P94000016789

1. Corporation Name

ORANGE DENTAL ASSOCIATES, INC.



Principal Place of Business

12329 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

Mailing Address

12329 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1994

4. FEI Number

59-3230697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARC P. OSSINSKY P.A.
210 NORTH WYMORE RD.
WINTER PARK FL 32789

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP
NAME PANDO, HOWARD
STREET ADDRESS 2471 OAK DR
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

12329 S. Orange Blossom Trail
Orlando

TITLE SD
NAME YOCUM, JOHN C JR.
STREET ADDRESS 1471 REGAL COURT
CITY-ST-ZIP KISSIMMEE FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME VOLTAREL, MARK
STREET ADDRESS 1022 GROVE ST
CITY-ST-ZIP MATILAND FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

130 WHITE OAK
CIR MATILAND FL

TITLE PD
NAME EBNER, STEPHEN M
STREET ADDRESS 1011 FLECK DR
CITY-ST-ZIP ORLANDO

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

11907 E. Colonial Dr

TITLE D
NAME MICHAELSON, GARY H.
STREET ADDRESS 11907 E. COLONIAL DR.
CITY-ST-ZIP ORLANDO FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

John C. Yolum Jr 3-15-99 (407) 856-2555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)