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

DOCUMENT # **P94000026872**1. Corporation Name

MARK B. GILBERT, D.M.D., P.A.

Principal Place of Business

Mailing Address

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90010 041 ***150.00



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		3911 HOLLYWOOD BLVD. HOLLYWOOD FL 33021				
HOLL I WOOD F	-[33021	TOLETWOOD TE SOUZI		DO NOT WRITE II	N THIS SPACE	
				3. Date Incorporated or Qualifed		
•				04/05/1994		
2: Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Api	plied For
	100 HULLANOOD BLUD	26 3900 House	LUD BLUD	65-0481818	No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22	Suite 304	27 Sute 30	4	5. Certificate of Status Desired	Fee Re	quired
City & State City & State			6. Election Campaign Financing	\$5.00	May Be	
23 Ho Kywood PL 28 Ho Wywooj		FL	Trust Fund Contribution Added to Fees		o Fees	
Zip 2a	Country	- 02001	Country	8. This corporation owes the current	year Intangible Yes	□No
24 35	01/ 25	29 330 11 30		Personal Property Tax. 10. Name and Address of New Regi		<u> </u>
·	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Negr	Steleu Agom	
GILE	BERT, MARK B					
301	THOLLYWOOD DIVE 2900	HOLLYWOOD BLUD.	82 Street Addg	ess (P.O. Box Number is Not Acceptable	Alua	
HOL	LYWOOD FL 33021	Houswood Bluss. Suite 304	83	700 7702-72001	1)001)	
				SUITE 304	lo-T-v	<u></u>
	\ A		84 City	11 Certages	FL 85 Zip	2 ~ ~ /
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	ne above-named corp	oration submits this statement for the pur	pose of changing its	registered
office or agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was author ons of, Section 607.0505, Florida	rized by the corporation Statutes.	oration submits this statement for the pur on's board of directors. I hereby accept the	e appointment as re	gistered
SIGNATURE	Signature, typed or printed jame of registered agent		tered Agent signature required	d when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	
TITLE	P	☐ DELETË	1.1 TYTLE	•	Change	☐ Addition
NAME	GILBERT, MARK B		1.2 NAME		c	~
STREET ADDRESS	3914 HOLLYWOOD DLVD		1.3 STREET ADDRESS	900 Hourwood BLUD	CV/TE	304
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		☐ Change	Addition
NAME .			2.2 NAME	المعاود والمادي والرابع والمرابع		
STREET ADDRESS	3	l:	2.3 STREET ADDRESS			ļ
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			7.00
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NAME			3.2 NAME			
STREET ADDRESS	;		3.3 STREET ADDRESS			j
CITY+ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		į.	4. 2 NAME			
STREET ADDRESS	;	•	4.3 STREET ADDRESS			}
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE			5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS	s		5.3 STREET ADDRESS			}
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		. Change	Addition
ALALUT .		_	l l			
NAME	1	•	6.2 NAME			
STREET ADDRESS	3	•	6.2 NAME 6.3 STREET ADDRESS			

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 a finual 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:

Daytime Phone #