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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P94000028503 (8)

BAY DENTAL, INC.

## FILED Feb 21 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  9324 PENSACOLA BOULEVARD PENSACOLA FL 32534  PENSACOLA FL 32534  PENSACOLA FL 32534-160					-				
						3. Date incorporated or Q- 04/13/1994		Date of Last 6	Report
2. Principal Place of Busine	ess .	2a. Mailing A	ddress			4. FEI Number			pplied For
Suite, Apt #, etc.		Suite, Apt	t # etc		<del></del>	59-3246878		<del></del>	ot Applicable Additional
22		27	, 0.0.			5. Certificate of Status Des	sired 🔲	<b>y</b> •	equired
City & State		City & Sta	ate			6. Election Campaign Fina	_ —		May Be
<b>23</b>	Country	<b>28</b>		Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution			to Fees
	5	29		30	,	This corporation has lial     Florida Statutes		No No	s. 199.032,
	and Address of Current		nt			10. Name and Address of			
DJURIC, SLAVO	LJUB			81	Name				
	la Boulevard			B:	Street Add	dress (P.O. Box Number is Not A	Acceptable)	<u></u>	
PENSACOLA FL	. 32534			8					<del></del>
				تا ا	1				
		•		8	4 City			85 Zip	Code
11. Pursuant to the provision	ins of Sections 607,0502	and 607.1508, F	lorida Statu	ites, the abor	ve-named co	rporation submits this statement			its registered
11. Pursuant to the provision office or registered age agent. I am familiar with	nt or both, in the State of	of Florida Such of	hange was	authorized b	by the corpora	ation's board of directors. I here	by accept the	appointment as	s registered
			2017 1120 (25) 1-1	lorida Statute	25				
		////	507.0505, FI	lorida Statute	<b>9</b> \$.				
		////	$\sim$			uired when reinstaling)	DAT		
SIGNATURE Signifine, typed o		DIRECTORS	- (NO				DAT	TE AND DIRECTO	RS IN 12
SIGNATURE Signature, typed of 12.  THE PO	pointed name of Agestored again	DIRECTORS	$\sim$	TE Registered A	gent signature req	uired when reinstaling)	DAT	re	RS IN 12
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I do 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 rule 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 of 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 chapted of on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylime Phone #