Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90066 039 \*\*\*150.00

## 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 # P94000044167

1. Corporation Name

SANGCHAN CHEANVECHAI, D.D.S., P.A.

Principal Place	of Business	Mailing Address								
2700 S. TAMIAN	// TRAIL	2705 REGATTA DR.								
#10		SARASOTA FL 34231			DO NOT MIDITE IN THIS SPACE					
SARASOTA FL	34239	US	US				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 06/14/1994	_			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21	•	26			65-0497341	_	$\Box$	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional		
22	ورونوا والمستواث والتهيية	27			5. Certificate of Status Desired 5		Fee	Required		
City & State	•	City & State			6. Election Campaign Financing		\$5.0	00 May Be		
23		28			Trust Fund Contribution		Add	ed to Fees		
Zip	Country	Zip Cou				8. This corporation owes the cur	rent year Inta	ngible		
24	25	29			Personal Property Tax.					
	9. Name and Address of Current Registered Agent				-10/	10. Name and Address of New	Registered A	gent		
			1	81	Name					
CHEANVECHAI, SANGCHAN			L	_\						
	S. TAMIAMI TRAIL		82 Street A			Address (P.O. Box Number is Not Accept	able)			
SUITE #10			١.	83						
SARASOTA FL 34239			- }	83					ì	
Sarasota Fl Sarsa			Ī	84	City		FL	85 Z	ip Code	
44 Durayant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the ab	ove	-named	corporation submits this statement for the	nurnose of o	hanging	its registered	
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 reinstalting)  DATE										
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	) DIREC	CTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITL	E				Chan	ige 🗌 Addition	
NAME I	CHEANVECHAI, SANGCHAN		1.2 NAM	Æ	ĺ					
STREET ADDRESS	2700 S. TAMIAMI TRAIL, #10		1.3 STR	EET /	ADDRESS	·			ĺ	
\ \ \ \	0. T. 0.071 F. 0.000		1.4 CITY		Į				-	
CITY-ST-ZIP TITLE			2.1 TITL			·		☐ Chan	ige	
	<del>-</del>		2.2 NAM							
NAME			T .						}	
STREET ADDRESS					ADDRESS			<u> - دنـ</u>		
CITY-ST-ZIP			2.4 CIT		-ZIP			☐ Chan	nge Addition	
~11JE	- <del>-</del>	☐ DEL <b>E</b> TE	3.1 TITL		1				·a- [-] , radingii (	
NAME		•	3.2 NAM							
STREET ADDRESS			3.3 \$TR	EET /	ADDRESS					
CITY+ST-ZIP			3.4. CIT	Y-ST	r-ZIP					
TITLE		☐ DELETE	4.1 TITL	E.				Char	nge 🗌 Addition	
NAME			4.2 NA	ME	- 1					
STREET ADDRESS			4.3 STR	REET	ADDRESS				;	
CITY-ST-ZIP			4.4 CIT)	Y-\$T-	-ZIP					
TITLE		☐ DELETE	5.1 TITL					☐ Char	nge 🗌 Addition	
NAME			5.2 NAM	ИΕ	ĺ					
J I			5.3 STR	REET	ADDRESS					
STREET ADDRESS			5.4 CITY							
CITY-ST-ZIP		☐ DELETE	6.1 TITL					☐ Chan	nge Addition	
TITLE .			6.2 NAM						· -	
NAME )					ADDDESS					
STREET ADDRESS				3 STREET ADDRESS						
CTY-ST-ZIP			6.4 CITY	Y-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: