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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

725 US 27 SOUTH

DOCUMENT #

P94000057265 (8)

Mailing Address

725 US 27 SOUTH

1. Corporation Name

ROBERT V. SNYDERS, JR., D.M.D., P.A.

SEBRING FL 33870 SEBRING FL 33870 3a. Date of Last Report 3. Date incorporated or Qualified 08/01/1994 06/29/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0507491 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State П Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip X Yes □ No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Mamo SNYDERS, ROBERT V JR Street Address (F.O. Box Number is Not Acceptable) 82 725 US 27 SOUTH 83 SEBRING FL 33870 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and trie if applicable (NOTE: Bugishered Agent signal in: Teach tate of CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE TITLE SNYDERS, ROBERT V JR 1.2 NAME NAME 725 US 27 SOUTH 1.3 STREET ADDRESS STREET ADDRESS SEBRING FL 33870 1.4 City - \$1 - ZiF CITY - \$1 - 71P Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIF CITY-ST-ZIP Change ☐ Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME

64 City-St-ZiP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 certify that I am an officer or director of the proporation 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.

IGNING OFFICER OF DIRECTOR

3.3 STREET ADDRESS

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63 STREET ADDRESS

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3/1/96 (941) 382-4894

Addition

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