FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000057265 (8) DOCUMENT #

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

Principal Place of Business

Mailing Address

FILED May 28 1998 8:00am Secretary of State



725 US 27 SC SEBRING FL		725 US 27 SOUTH SEBRING FL 33870		DO NOT WRITE IN THIS	SPACE
`				3. Date Incorporated or Qualified 08/01/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26] Suite, Apt. #, etc.		65-0507491	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible X Yes ☐ No
24	25	29 Current Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	
SN,	YDERS, ROBERT V JR	Content registered Agent	81 Name	IV. Hallo alla Accide di Hallo alla Accidenta	
725 US 27-SOUTH			00 00000	There (D.O. Day Number in Not Acceptable)	
SEBRING FL 33870			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			83		
	>		84 City	FL	85 Zip Code
44 Duramont	to the provisions of Sections (207 0502 and 607 1508 Florida Stalut	es the above-named co	progration submits this statement for the nurross of	f changing its registered
11. Pursuant to the provisions of Sections 6(7,0502 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					
agont am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typod or printed name of regi	istered agent and title if applicable (NOT	E Registered Agent signature roo	quired when reinstating) DATE	
12.	OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D	☐ DELETE	1.1 THTLF		Change Addition
NAME	SNYDERS, ROBERT V	JR	1.2 NAME		
STREET ADDRESS	725 US 27 SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33870	Delete	1.4 CiTY-ST-ZIP		Change Addition
TITLE		☐ DELETE	2.1 TITLE		Ghange Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY- S1 - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CtTY - ST - ZtP		
TITLE		L_] DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	·	T DELETE	5 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS		200	63 STREET ADDRESS		
CITY-ST-ZIP	portify that the information our	policed with this little place but walky	or the exemption stated	in Section 119 07(3)(i) Florida Statutes, I further o	ertify that the information

mereby butter may ment the information supplied with this mingsoprishing query for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that fine information indicated on this annual report or supplemental genual reports frue and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the recover or rusted amprovered 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 attrictment with the actions.