

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000063326 (0)**

1. Corporation Name

**AMBERSON C. BAUER, JR., D.M.D., P.A.**



Principal Place of Business

**435 L'AMBLANCE DRIVE  
SUITE G-401  
LONGBOAT KEY FL 34228  
US**

Mailing Address

**435 L'AMBLANCE DRIVE  
SUITE G-401  
LONGBOAT KEY FL 34228  
US**

3. Date Incorporated or Qualified  
**08/26/1994**

3a. Date of Last Report  
**03/16/1995**

4. FEI Number

**65-0521099**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAUER, AMBERSON C JR  
435 L'AMBLANCE DRIVE  
SUITE G-401  
LONGBOAT KEY FL 34228**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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