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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000093765 (3)

LOIS J. LUNDERMANN, D.D.S., P.A.

| Drawnsol Division   | and traditione  | Mailing Address   |   |                        |  |
|---|---|---|---|------------------------|--|
| Principal Place of Business 395 VALPARAISO PKWY VALPARAISO FL 32580 |   | P.O. BOX 457<br>VALPARAISO FL 32580-0457                      |   |                        |  |
|   |   |   |   |                        | 3. Date Incorporated or Qualified   3a. Date of Last Report   12/27/1994   02/28/1996  |
| 2. Principa' Place of Business                                      |   | 2a. Mailing Address   |   |                        | 4. FEI Number Applied For  |
| 21  |   | 26  |   |                        | <b>59-3287513</b> Not Applicable   |
| State, Apt. #, etc.<br>22   |   | Suite, Apt. #, etc.   | Suite, Apt. #, etc.   |                        | 5. Certificate of Status Desired Security Securi |
| City & State  |   | City & State  | 172   177 |                        | 6. Election Campaign Financing \$5.00 May Be   |
| 23  |   | 28  |   |                        | Trust Fund Contribution Added to Fees  |
| Zip Country   |   | Zip   | 7 ·   |                        | 8. This corporation has liability for intangible tax under s. 199.032,   |
| 24  | 25  <br>9. Name and Address of Curre  | 29 Anni Registered Agent                                      |   |                        | Florida Statutes Salves No  10. Name and Address of New Registered Agent   |
|   | IGHT, ALEXANDRA R   | ut nogistered Agent   | 8   | 1 Name                 | IV. Hame and Address of New Togratered Agent   |
|   | JFFORD DR.  |   |   | 2 Street Addr          | ress (P.O. Box Number is Not Acceptable)   |
|   | E 12  |   |   |                        | ress (F.O. Box Number is Not Acceptable)   |
| SHA   | LIMAR FL 32579  |   | 8   | 3                      |  |
|   |   |   | 8   | 4 City                 | FL 85 Zip Code   |
| 11. Parsuant  | to the provisions of Sections 607.05  | 02 and 607.1508, Florida Sta                                  | lutes, the abo  | ve-named corp          |  |
| office or n<br>agent Tai  | egistered agent, or both, in the Stat<br>m famil ar with, and accept the obli | e of Florida. Such change wa<br>gallons of, Section 607.0505, | is authorized<br>Florida Statut   | by the corporat<br>es. | poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered  |
| SIGNATURE   | 5 grations hypers or proved name of registered a                              | en et en 11-te il tend matile.                                | IOTE Published 8  | nod rings) its tobus   | red when reinstating) DATE   |
| 12.   |   | ND DIRECTORS  | 13.   | gon ognator ogo        | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| 1817  | 0   | ☐ DELETE  | 1 1 1111  |                        | Change Addition  |
| N <sup>4</sup> Mt   | LUNDERMANN, LOIS J  |   | 1.2 NAM   | E                      |  |
| STREET ADDRESS  | 607 MANOR CT  | •   | 1.3 STRE  | ET ADDRESS             |  |
| C(T1 - S1 - Z(P)<br>T(I) E  | FT WALTON BEACH FL 3254   |   | 1.4 CITY - ST - ZIP  DELETE 2.1 TITLE   |                        | Change Addition  |
| NAME  |   | בן מננוו  | 2.2 NAM   | - 1                    | Change Addition  |
| STAGEL AUDRESS  |   |   | 1   | ET ADDRESS             | \$3 cm   |
| OHY+51+7e*  |   |   | 2.4 CiTY  | '- S1 - Z1P            |  |
| THE   |   | ☐ DELETE  | 3 1 7170  |                        | Change Addition  |
| NOM:  |   |   | 3.2 NAM   | E                      |  |
| STREET ACHORISS   |   |   | - 1   | ET ADDRESS             | 4  |
| 001Y-S1-20<br>101E  |   |   | 3.4. CITY<br>4.1 TITE   | -\$1-ZIF               | Change Addition  |
| HAME  |   | [] better   | 4. 2 NAN  |                        | C) Oliming: Line Monthloom   |
| SUREET ADDITIONS  |   |   |   | ET ADDRESS             |  |
| CUY-SE 7#   |   |   |   | -ST-ZIP                |  |
| Tellé   |   |   | 5.1 TITLE   |                        | Change Addition  |
| HAME  |   |   | 5 2 NAM   |                        | ·  |
| STEELT ALL MESS   |   |   | 5.3 STRE  | ET ADDRESS             |  |
| CHY-51-20-  |   |   | 5.4 CITY  |                        |  |
| 1 111   |   | DELETE  | 61 1111   | ł                      | Change Addition  |
| NAMI  |   |   | 62 NAM  | í                      | •  |
| STREET ADUM 55  |   |   | L   | ET ADORESS             |  |
| 01y-\$1-216 <b>[</b><br><b>14</b> . Loo hereb                       | ov certify that the information suppli  | ea with this filing does not au                               | 6.4 CHY   |                        | d in Section 119.07(3)(i), Florida Statutes. I further certify that the  |
| intormatio<br>Laur an ol  | n indicated on this annual report of  | supplemental annual report in the receiver or trustee emp     | is true and ac<br>lowered to ex-  | curate and that        | I my signature shall have the same legal effect as if made under oath; that it as required by Chapter 607, Florida Statutes; and that my name  |