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

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90124 003 ***150.00

DOCUMENT # P9400094333

1. Corporation Name

JOSEPH H. CARNLEY, DMD AND RICHARD J. ROGERS, DM

D, P.A.

Principal Place of Business

2. Principal Place of Business

Mailing Address

385 HIGHWAY 98 EAST DESTIN FL 32541 385 HIGHWAY 98 EAST DESTIN FL 32541

2a. Mailing Address



DO NOT WRITE IN THIS SPACE

Applied For

Net Applicable

3. Date Incorporated or Qualifed

12/30/1994 4. FEI Number

50-2202704

21		26 1.V. USY			33 3233734			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Rec		
City & State	9	City & State	F	L	Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	· .	
Zip	Country 25	Zip 32540 3	Countr	KAlooin	This corporation owes the curr Personal Property Tax.	ent year Int		□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered .	Agent		
				Name					
OWEN, DAVID A 743 HIGHWAY 98 EAST STE 5 DESTIN FL 32541				82 Street Address (P.O. Box Number is Not Acceptable)					
								1	
			84			FL	85 Zip C		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	thorized by	y the corporation	ration submits this statement for the i's board of directors. I hereby accept	purpose of of the appoi	changing its ntment as req	registered jistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if analicable (NOTE: 5	Penistered Add	ant signature required	when reinstating)	DATE			
12.	OFFICERS AND		13.	and and and an order or	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	
TITLE	D	DELETE	1.1 TITLE				☐ Change	Addition	
l l	ROGERS, RICHARD J DMD		1.2 NAME		•				
NAME	385 HIGHWAY 98 EAST								
STREET ADDRESS				ET ADDRESS	•				
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-				Change	Addition	
TITLE	D CARRIER ISSERIES	☐ DELETE	2.1 TITLE	1			[□ cuange		
NAME	CARNLEY, JOSEPH H DMD		2.2 NAME						
STREET ADDRESS	385 HIGHWAY 98 EAST		2.3 STREE	T ADDRESS			•		
CITY-ST-ZIP	DESTIN FL 32541		2. 4 CITY	ST-ZIP			<u> </u>		
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				**	
TITLE		☐ DELETE	4,1 TITLE				☐ Change	☐ Addition	
NAME			4. 2 NAM	:					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAME			5.2 NAME	ļ	,				
STREET ADDRESS			5.3 STRE	ET ADDRESS					
CITY-\$T-ZIP	,		5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE	-			☐ Change	Addition	
NAME		_	6.2 NAME						
			6.3 STRE	ET ADDRESS					
STREET ADDRESS			6.4 CITY-						
CITY-ST-ZIP			0.4 (4)11.		estion 110 07/2Vi) Florida Statutos	16.46	Alf. Ale as Ale a le	-fmation	

4. 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:

TURE AND THEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/97 (850) 837-218