## 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

## DOCUMENT # **P95000005432**1. Corporation Name

SAWGRASS DENTAL CENTER, INC.

Principal Place of Business	Mailing Address
12651 W. SUNRISE BLVD., SUITE 200	12651 W. SUNRISE BLVD., SUITE 200
Sunrise Fl. 33323	SUNRISE FL 33323

## Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90115 010 \*\*\*150.00



City & State City & State 6. Election Campaign Financing \$5.00 May Be	12651 W. SUNR SUNRISE FL 33	ise Blvd Suite 200 323		12651 W. SUNRISE BLVD SUITE 200 SUNRISE FL 33323			DO NOT WILL	TE IN THIS	CDACE			
2. Principal Piace of Business   2a. Mailling Address   5.   4.   FEI Number   Applied For   Not Applicable   Solida, Apt. 8, etc.   26   Suite, Apt. 8, etc.   27   Suite, Apt. 8, etc.   28   Suite, Apt. 8, etc.   28   Suite, Apt. 8, etc.   28   Suite, Apt. 8, etc.   27   Suite, Apt. 8, etc.   28   Suite, Apt. 8, etc.   28   Suite, Apt. 8, etc.   28   Suite, Apt. 8, etc.   29   Suite, Apt. 8, e							3. Date Incorporated or Qualifed	IE IN THIS	·			
Sulfe, Apt. 8, etc.	2 Principal Pi	ace of Rusiness	2a. Mailing Addr	ess						Applied For		
Sulfe, Apt. 8, etc.    27		ade of business	<u> </u>				65-0549820			Vot Applicable		
Security		t etc		etc					\$8.75	Additional		
28	22	-, etc.	27				5. Certificate of Status Desired		Fee f	Required		
25							' ' '		•	· ·		
SEVEL, DENNIS 12651 W. SUNRISE BLVD., SUITE 200 SUNRISE FL 33323  44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. and an armalizar with, and accept the obligations of Section 607.0502 for changing its registered agent. The armalizar with, and accept the obligations of Section 607.0502 for code of the Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. The armalizar with, and accept the obligations of Section 607.0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent armalizar with, and accept the obligations of Section 607.0505, Florida Statules.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY ST. 2P  15. SEVEL, DENNIS  SEREIT ADDRESS  16. SUNRISE BLVD., STE 200  13. STREET ADDRESS  16. CITY-ST. 2P  17. TITLE  18. OELETE  19. DELETE  21. TITLE  22. NAME  23. SIRRET ADDRESS  24. CITY-ST. 2P  21. NAME  33. SIRRET ADDRESS  24. CITY-ST. 2P  35. TITLE  35. CITY-ST. 2P  35. STREET ADDRESS  36. CITY-ST. 2P  36. Change  36. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  36. CITY-ST. 2P  37. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  37. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  38. STREET ADDRESS  39. SIRRET ADDRESS  30. SIRRET ADDRESS  30. SIRRET AD	<del></del>					o, mo daporation of the same same same same same same same sam				□No		
SEVEL, DENNIS 12651 W. SUNRISE BLVD., SUITE 200 SUNRISE FL 33323		9. Name and Address of Curre			10. Name and Address of New F	Registered	Agent					
12851 W. SUNRISE BLVD., SUITE 200   SUNRISE FL 33323   83						81 Name						
SUNRISE FL 33323    84   City					82	Street Add	Address (P.O. Box Number is Not Acceptable)					
TITLE PROPERTY OF THE PROPERTY					83							
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 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, 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, and accept the objection 607.0505, Florida Statutes.  SIGNATURE    Command					84	City	•	FI	85 Zip	Code		
12	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.											
12.	SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable	(NOTE: Registere	d Agen	t signature require	ed when reinstating)	DATE				
SEVEL, DENNIS   12 NAME   SEVEL, DENNIS   12 NAME   STREET ADDRESS   12651 W. SUNRISE BLVD., STE.200   13 STREET ADDRESS   SUNRISE FL 33323   14 CITY.ST-ZIP   Change   Addition   Additi	12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A				
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14. 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 supplementa annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the received 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 aftect plent with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR