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

Mailing Address 7243 U.S. HIGHWAY 301 S.

RIVERVIEW FL 33569-4346

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

7243 U.S. HIGHWAY 301 S.

RIVERVIEW FL 33569

CITY - ST - ZIP

appears in Block 12 or Block 13

SIGNATURE:



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 30 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

**POCUMENT # P95000040217 (8)** 

JERRY D. LACHAT, D.D.S., M.S.D., P.A.

3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1995 03/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3316235 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 **Trust Fund Contribution** Added to Fees Zip Country Ζıρ Country This corporation has liability for intangible tax under s. 199.032, X Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name LACHAT, JERRY D D.D.S 7243 U.S. HIGHWAY 301 S. Street Address (P.O. Box Number is Not Acceptable) RIVERVIEW FL 33569 83 84 City 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 (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE \_\_\_ Addition TITL F NAME LACHAT, JERRY 1.2 NAME 109 EDMONTON LANE STREET ADDRESS 1.3 STREET ADDRESS **BRANDON FL 33511-6447** 1.4 City - ST- ZIP CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Addition Change 3.1 BTLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE Change ☐ Addition 4.1 TITLE THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition Change 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CiTY-ST-ZIP DELETE Change \_\_\_ AddItion TITLE 6.1 TITLE NAME **6.2 NAME** 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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

my W, Freket-MSMSD