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 22, 1999 8:00 am
Secretary of State
04-22-1999 90083 001 ***150.00

DOCUMENT # **P95000044030**

1. Corporation Name
SANGIV I. PATEL, D.D.S., P.A.

Principal Place of Business	Mailing Address
313 N BABCOCK STREET	313 N BABCOCK STREET
MELBOURNE FL 32935	MELBOURNE FL 32935
US	US

3. Date Incorporated or Qualifed
05/30/1995

2. Principal Place of Business	2a. Mailing Address		
21 _Sol N. Harbour City Blvd_	26 _Sol N. Harbour City Blvd_	**4. FEI Number** 59-3317310	Applied For / ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 _Melbourne, FL._	City & State 28 _Melbourne, FL._	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 _32935_ 25 Country	Zip 29 _32935_ 30 Country	8. This corporation owes the current year Intangible Personal Property Tax.	☒ Yes ☐ No

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PATEL, SANGIV I 313 N BABCOCK STRET MELBOURNE FL 32935	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) _Sol N. Harbour City Blvd_ 83 84 City _Melbourne, Fl._ FL 85 Zip Code _32935_

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME PATEL, SANGIV I STREET ADDRESS 313 N. BABCOCK STREET CITY-ST-ZIP MELBOURNE FL 32935 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS _Sol N. Harbour City Blvd._ 1.4 CITY-ST-ZIP _Melbourne Fl. 32935_ ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (11/98)

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 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: _Sangiv Patel_ SIGNATURE REQUIRED _President_ ✓ 4/12/99 ✓ 407-254-46B