

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061249 (5)

1. Corporation Name

CHARLES N. HELMS, D.M.D., P.A.



Principal Place of Business

500 N SEMORAN BLVD
ORLANDO FL 32807

Mailing Address

500 N SEMORAN BLVD
ORLANDO FL 32807

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

3. Date Incorporated or Qualified

08/07/1995

3a. Date of Last Report

4. FEI Number

59-3327343

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELMS, CHARLES N
325 PINEWILD CT
ORLANDO FL 32828

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HELMS, CHARLES N
325 PINEWILD CT
ORLANDO FL 32828

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Co-President
Christine K. Tran
325 Pinewild Ct.
Orlando, FL 32828

☐ Change ☒ Addition

21 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/96 (407) 277-6272

CR2E034 (12/95)