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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000061286 (7) **DOCUMENT #** 

<ol> <li>Corporation Nat</li> </ol>	ern		•	•					
ERIC MEEKER, D.D.S., P.A.						E (801100) (10 (4)0) ALIN OUT I O	riin <b>a k</b> ar <b>a b</b> ina <b>a</b>	11 <b>3</b> 1 11 <b>018</b> 037	ARV ARVIN RAIL ARRE
Principal Place of Business		Mailing Addre	Mailing Address						
18764 US HWY 441 UNIT 21 MT DORA FL 32757		UNIT 21	18764 US HWY 441 UNIT 21 MT DORA FL 32757						
		MI DOKA				3. Date Incorporated or Qualified 11/01/1995			eport
2. Principal Place of Business		2a. Mailing Ad	2a. Mailing Address			4. FFI Number		/	Applied For
21		26	····			59 -3329417		1	Not Applicable
Suite, Apt. #, etc. 22 Unit a			Suite, Apt. #, etc. 27 Un:+ 23			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		j	City & State			Election Campaign Financing     \$5.00 May Be			
23		28	······································			Trust Fund Contribution Added to Fees			
Ζφ <b>24</b>	Country 25	Zip	<del>                                     </del>			8. This corporation has liability for intangible tax under side 199.032, Florida Statutes    ✓ Yes  No			
	. Name and Address of Cu		rent Registered Agent			10. Name and Address of New Registered Agent			
			·	81	Name	To, Tiding and Address of Hell I	iogratored A	Bour	
meeker, i	ERIC			82	Street Add	ress (P.O. Box Number is Not Acceptat	ala)		
18764 US						ress (F.O. box Nomber is Not Acceptat	ие)		
UNIT 21				83					
MT DORA	FL 32757			84	City			85 Zip	o Code
							FL	'	
<ol> <li>Pursuant to the or registered a</li> </ol>	e provisions of Sections 607. Ident, or both, in the State of	0502 and 607.1508, Flor Florida, Such change wa	ida Statutes is autnorized	s, the above n	amed corporation's boa	ration submits this statement for the purific of directors. Thereby accept the app	rpose of char	iging its re	egistered office
familiar with, ar	nd accept the obligations of,	Section 607.0505, Florid	a Statutes.	, ,			on more do i	ug 0.0700	agent, ren
SIGNATURE	the, typed or protect name of registered	la anti a si eta fi eta fi eta.		er Baj vered Ajar.		d share a set form	DATE		
12.		S AND DIRECTORS	(****	13.		ADDITIONS/CHANGES TO OFF		DIRECTO	
TITLE		<u> </u>	ELETE	1 17111.6	PN	recker, Bric		Change	Addit-on
NAME				1.2 NAME	رو ادم	resident	_		•
STREET ADDRESS				13 STREET	ADDRESS #	8766 US HWY 44	יאט	r ad	•
CITY - ST - ZIP				14 City - S	I - ZIP	MT DORA, FL	3 275		
TITLE			ELETE	2 1 DILE				Change	☐ Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET					
CITY-ST-ZIP TITLE		ic	FLETE	2.4 City - St 3.1 Title	7.7.P			Change	Addition
NAME				3.2 NAME			L.	Onlange	☐ Addition
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY - ST - ZiP				3.4 Orth - S1	i				
TITLE		D(	LEFFE	4 1 TillE	1			Change	Add:tion
NAME				4.2 NAME					
STREET ADDRESS				43 STREET.	ADDRESS				i
CITY - ST - ZIP				4 4 CITY - ST	- ZIF				
THLE		Di	LETE	5 1 TIFLE				Change	Addition
NAME EXPLET ADDOCCE				5.2 NAME					
STREET ADDRESS				5.3 STREET					
CITY - ST - ZIP TITLE			TETE	5 4 CHY-\$1 6 1 THE	- ZIP			Change	Addition
NAME		<u>()</u> DI		62 NAME				Change	Addition
STREET ADDRESS				63 STREET	VUUBESE				
CiTy+ST-ZIP				6.4 City St					

14. I do hereby certify that the information supplied with this fling 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 13 if changed, or on an attachment with an address

SIGNATURE

Hele ERIC MEEKER, DDS, PA. 4/26/96 (352)735-3336