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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90014 045 ***150.00

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000090791

STEVEN	MICHAEL WIEDER,	DMD, PA					
						86 111 43 114 48111 86 111 1 86 18	
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Principal Place	e of Business	Mailing Address			1 10011001 112 12101 21111 21111		12/2/ 1/2/ /05/
3925 SWIFT RO	DAD	3925 SWIFT ROAD		•			
SARASOTA FL 34231 SARASOTA FL 34231				DO NOT WRITE IN THIS SPACE		IN THIS SPACE	يار يو
	t v				3. Date Incorporated or Qualifed	IN THIS SPACE	
*					01/02/1996		
2 Dringing D	Place of Business	2a. Mailing Address			4. FEI Number	An	plied For
— · ·	lace of business	26			65-0634333		t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	
22 27				5. Certifcate of Status Desired	Fee Re	quired	
City & Stat	te '	City & State			6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Counti	ry	8. This corporation owes the current		_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address	of Current Registered Agent		.T	10. Name and Address of New Reg	gistered Agent	
DDC			8	1 Name			
S (5) 5777	WETT, DANIEL L 7 BENEVA RD S.	(1) 14	8:	2 Street Addi	ress (P.O. Box Number is Not Acceptable	e)	<u> </u>
0.~5/// CAD	ASOTA FL 34233		_		- 100 and the 100 and 1	emint parte in a community of	1V17/11/18/18/1
JAN	MOUTH FE 34233		8.	3			
			8	4 City	The state of the s	85 Zip C	Code
Algoritation service #8	Section 1	to the second to the second				FL	
11. Pursuant	to the provisions of Sections registered agent, or both, in	s 607.0502 and 607.1508, Florida Stati the State of Florida. Such change was	utes, the abo authorized b	ve-named corp	oration submits this statement for the pu on's board of directors. I hereby accept t	irpose of changing its he appointment as reg	gistered
agent. I a	m familiar with, and accept	the obligations of, Section 607.0505, F	lorida Statute	es.	oration submits this statement for the puon's board of directors. I hereby accept t		-
agent. I a						, , , , , ,	
SIGNATURE	Signature, typed or printed name of re	egistered agent and title if applicable. (NO	TE: Registered Ag		d when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of re		TE: Registered Ag	ent signature require	d when reinstating) (17)	DATE	
SIGNATURE 12. TITLE	Signature, typed or printed name of re OFF!	ogistered agent and title if applicable. (NOT CERS AND DIRECTORS	TE: Registered Ag 13. 1.1 TITLE	ent signature require	d when reinstating)	DATE CERS AND DIRECTO	PRS IN 12
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CITY-ST-ZIP 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 from an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS