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PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P96000009782**1. Corporation Name

ADRIANA M. BOVE, D.D.S., P.A.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90028 005 ***150.00



	Principal Place of Business Mailing Address				1		
		1101 BRICKELL AVE STE 80	02		•		
JIAMI FL 33131		MIAMI FL 33131			DO NOT WRITE IN TH	IIS SPACE	
			-		3. Date Incorporated or Qualifed		
	•				01/31/1996		
2 Principal Di	ace of Business	2a. Mailing Address			4. FEI Number	$\overline{}$	Applied For
z. Principal Pr	ace of Busiless				65-0659693	H	Not Applicable
Suite, Apt.	# oto	26 Suite, Apt. #, etc.		-		\$8.7	5 Additional
¬ '''	#, etc.	⊢			5. Certifcate of Status Desired		Required
2 City & State		City & State	-	.	6. Election Campaign Financing	\$5.0	0 May Be
_ ·	•	28			Trust Fund Contribution	•	ed to Fees
Zip	Country	Zip	Coun	trv	8. This corporation owes the current year	Intangible	
~	25	r	30	•	Personal Property Tax.	∐Yes	□No
4	9. Name and Address of Cui				10. Name and Address of New Registers	d Agent	
	<u> </u>		1	81 Name			
BOV	e, adriana m		L		(D.O. D. Mush a in Not Associable)		
	BRICKELL AVE STE 802		1	B2 Street Add	dress (P.O. Box Number is Not Acceptable)		ļ
	II FL 33131		j _a	83			
			[8	B4 City	F	85 2	ip Code
			- 15 - 5		poration submits this statement for the purpose		ite registered
office or to	edistered agent or both in the St	tate of Florida. Such change was au oligations of, Section 607.0505, Flor	itnorizea i	DY the corporat	tion's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·	_					
SIGNATORE					CATE		
	Signature, typed or printed name of registered	. ag-:// = // - // - // - // - // - // - //		gent signature requir	red when reinstating) DATE	AND DIREC	TORS IN 12
12.	OFFICERS	AND DIRECTORS	13.		red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
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Indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 1.15.07(5)(f), Fibrida Statutes. Indicate certain with the findicated 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:

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