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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000041048**1. Corporation Name

SIMON ORTHODONTIC CENTERS, P.A.

Principal Place of Business 1376 SW, 481H STREET MAME FL 33163 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Duto Incorporated or Qualified OS/114/1936 3. Suite, Apt. 4, etc. 2. Suite, Apt. 4, etc. 2. Suite, Apt. 6, etc. 2. Typ. Country 2. Country 2. Duto Country 3. Suite, Apt. 6, etc. 2. Typ. Country 2. Duto Country 3. Name and Address of Country 3. Name and Address of Qualified Address B & C CORPORATE SERVICES, INC. 20.1 S. BISCANNE BLVD. SUITE 3000 MAMAI FL 33161 3. Name 8. City Suite Suite Official Suited Adapted by the Corporation submits this statement for the purpose in registered Agent 11. Pulsual for the purpose of Sections 607 0502 and 607 1502. Florida Salades, the above named corporation submits this statement for the purpose and programment agent and address or Country 3. Simple or registered Agent, or Country to the provisions of Sections 607 0502 and 607 1502. Florida Salades, the above named corporation submits this statement for the purpose are registered agent. 11. Pulsual for the purpose of Sections 607 0502 and 607 1502. Florida Salades, the above named corporation submits this statement for the purpose are registered agent. 11. Pulsual for the purpose of Sections 607 0502 and 607 1502. Florida Salades, the above named corporation submits this statement for the purpose are registered agent. 11. Pulsual for the purpose of Sections 607 0502 and 607 1502. Florida Salades, the above named corporation submits this statement for the purpose of registered Agent. 12. OFFICERS AND DIRECTORS 13. Name 14. Typical Address (P. D. B. Salades) 15. Dustine for the purpose of the submit of the pur										
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24 25 25 129 30 Personal Property Tax. 9 Name and Address of Current Registered Agent 10 Name and Address of New Registered Agent 8 & C CORPORATE SERVICES, INC. 201 S. BISCAYNE BLVD. SUITE 3000 MIAMI FL 33131 44 City FL 85 2/p Code 11. Pranuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes. Section 607.0505, Florids Statutes. Section 607.0505, Florids Statutes. Section 607.0505, Florids Statutes. Section 607.0506, Florids					· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		rees
9. Name and Address of Current Registered Agent 8. & C CORPORATE SERVICES, INC. 201 S. BISCATNE BLVD. SUITE 3000 MIAMI FL 33131 4. Pursuant to the provisions of Sections 607 0502 and 607 1509, Florida Statutes, the above named corporation submits this statement for the purces or changing its registered office or registered agent, or both, in the Sulse of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the Sulse of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the Sulse of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or protein and displayment agent user in familiar with, and accept the obligations of, Section 607,5005, Florida Statutes. SIGNATURE 12					_ `		1			□No
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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 js 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 arraitachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Feb 13, 1999 8:00 am Secretary of State

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