## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000048821

GORDON RICHARD NICHOLSON, D.D.S., P.A.

	of Business	Mailing Address					
825 S US HWY ONE		825 S US HWY ONE			<b>-</b>		
SUITE 250		SUITE 250		DO NOT WRITE II	N THIS SPACE	<del></del>	
JUPITER FL 33477		JUPITER FL 33477		3. Date Incorporated or Qualifed		ì	
US		US			06/04/1996	·	
					4. FEI Number	Appli	ed For
2. Principal Pla	ice of Rusiness	2a. Mailing Address				Not A	Applicable
	100 OF BUSINESS	26			65-0672539	\$8.75 Add	ditional S
21		Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Requ	
Suite, Apt. #	r, etc.	27			3. Octobrish	<del> </del>	<del></del>
22		City & State			6. Election Campaign Financing	<b>, \$5.00</b> м	
City & State		├ <b>─</b> ┐ '			Trust Fund Contribution	Added to	Fees
23			Countr		8. This corporation owes the current	year Intangjble	_ ! .
Zip	Country	Zip	<del></del>	,	Personal Property Tax.	Yes	]No
24	25		30		10. Name and Address of New Regi	stered Agent	
24	9. Name and Address of Current	t Registered Agent		<del></del>	TO. Name und Place		Į.
<b></b>	<b>7. 144.</b>	<del></del>	8	1	_	·	
MICH	OLSON, GORDON R		8	2 Street Addr	ress (P.O. Box Number is Not Acceptable	•)	İ
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	the series of Sections 607 050	2 and 607,1508, Florida Statut	es, the abo	ve-named corp	poration submits this statement for the pu on's board of directors. I hereby accept the	he appointment as reg	istered
11. Pursuant	enistered agent, or both, in the State	of Florida. Such change was a	uthorized t	by the corporali	on's board of directors.		
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	itions of, Section 607.0303, Fig	inda otațion			· · · · · · · · · · · · · · · · · · ·	
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	Signature, typed or printed name of registered age OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 12
SIGNATURE  12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	int dire time is approximately	13. 1.1 TITL	E	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR , Change	RS IN 12
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6.4 CITY-ST-ZIP

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

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 or on an attachment with an address, with all other like empowered.

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90066 031 \*\*\*150.00