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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

COMPLETE DENTAL SERVICES INC

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

03-14-1999 90032 046 ***150.00

	ETE BENTAL SERVICES, I							
	ce of Business	Mailing Address						
2715 SE 27TH		2715 SE 27TH AVE.						
OCALA FL 34471 OCALA FL 34471					DO NOT WRITE	IN THIS S	SPACE	
					3. Date Incorporated or Qualifed 08/27/1996			
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			59-3402733		No	t Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	Additional
22		27			5, Certificate of Status Desired	———	Fee Re	quired
City & Sta	ate	City & State			6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added to	o Fees
Zip - ⊣	Country	Zip	Country	'	8. This corporation owes the current			□No
24	25		30		Personal Property Tax.		<u></u>	LINO
	g. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Re	piatereu A	Agur	
sci	HLINZ; PERRY-JAY	-		Ĺ				
2715 SE 27TH AVE.			82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)		
	ALA FL 34471		83	 				
			84	City		FL	85 Zip C	Code
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DELETE	1,1 TITLE	ĺ			Change	Additio
NAME	SCHLINZ, PERRY JAU		1.2 NAME					
STREET ADDRESS				1	•			
CITY-ST-ZIP	OCALA FL 34471		1,3 STREE	TADDRESS		·. · ·		
TITLE	VD	O per ste	1.4 CITY- S		· · · · · · · · · · · · · · · · · · ·		Change	□ Additio
NAME.		☐ DELETE	1.4 CITY-S 2.1 TITLE				Change	☐ Addition
STREET ADDRESS	PERRETT, JOHN	☐ DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME	T-ZIP			Change .	Additio
CITY-ST-ZIP	s 107 NORTH LUBECK	☐ DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP	; f		Change .	Additio
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NAME	s 107 NORTH LUBECK HOLSTEIN IA TD PERRETT, JAYNE		1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	T-ZIP T ADDRESS ST-ZIP		, 		
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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 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:

SIGNING OFFICER OR DIRECTOR