

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089791 (3)

1. Corporation Name

STRATEGIC ORTHODONTIC SYSTEMS, INC.

Principal Place of Business

1965 DUNELOE CIRCLE
DUNEDIN FL 34698

Mailing Address

1965 DUNELOE CIRCLE
DUNEDIN FL 34698-3237



2. Principal Place of Business

21 304 S Belcher Rd

2a. Mailing Address

26 304 S. Belcher Rd.

Suite, Apt. #, etc

22 Ste B

Suite, Apt. #, etc

27 Ste. B.

City & State

23 Clearwater FL

City & State

28 Clearwater FL

Zip

24 33625

Country

25 USA

Zip

29 33625

Country

30 USA

9. Name and Address of Current Registered Agent

DEEULIO, MARK
1965 DUNELOE CIRCLE
DUNEDIN FL 34698

3. Date Incorporated or Qualified

10/31/1996

3a. Date of Last Report

NONE

4. FEI Number

57-3411136

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of Section 607.0506, Florida Statutes.

SIGNATURE:

Signature of person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

14 April 97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DEEULIO, MARK
STREET ADDRESS 1965 DUNELOE CIRCLE
CITY-ST-ZIP DUNEDIN FL 34698

TITLE VD ☐ DELETE

NAME HALVERSON, BILL
STREET ADDRESS 1965 DUNELOE CIRCLE
CITY-ST-ZIP DUNEDIN FL 34698

TITLE STD ☐ DELETE

NAME FELDMAN, RANDY
STREET ADDRESS 1965 DUNELOE CIRCLE
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME DEEULIO, MARK
1.3 STREET ADDRESS 304 S BELCHER RD STE B
1.4 CITY-ST-ZIP CLEARWATER, FL 33625

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME HALVERSON, BILL
2.3 STREET ADDRESS SAME AS ABOVE

2.4 CITY-ST-ZIP

3.1 TITLE STD ☒ Change ☐ Addition

3.2 NAME FELDMAN, RANDY
3.3 STREET ADDRESS SAME AS ABOVE

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 or is attached to this report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)