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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P96000093985**1. Corporation Name

ANGELA S. HILTON, D.M.D., P.A.

Principal Pla	ce of Business	Mailing Address				T CHIDICUDA AND FOLIO DELIA DOLLA BOLLA DELLA	1 <b>86</b> 110 <b>20150 1</b> 7216 1848	( 1010) Ditt 1001
1022 WEST SR 436 #1008 1022 WEST SR 436 #1008						·		
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL							T. 110 05 : 55	,
						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed 11/13/1996		
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number		nlind Far
21	i lado di Basilloss	26				59-3412547	. <del>  </del>	oplied For of Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				W 1. W		Additional
22		27	·			±5.≟Certifcate of Status Desired		equired
City & Sta	ate	City & State			-	6. Election Campaign Financing	\$5,00	May Be
23		28				Trust Fund Contribution	Added	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current ye		•
24	25	29	30			Personal Property Tax.	¥Yes	□No
·	9. Name and Address of Curren	it Registered Agent		81 Nam		10. Name and Address of New Regist	ered Agent	
HILT	TON, ANGELA S	Mark Sand Sand Carlos Sand Sand Sand	ļ	81 Nam	e .	•		
AMC314	1 FLORAL WAY EAST		Ì	82 Stree	t Addres	s (P.O. Box Number is Not Acceptable)		
	DPKA FL 32703			83		. there have the the median by . Addr. have	rigis, ir japang programa. Kalang pagalah dalah	er de la
		•	.	-				
			Ī	84 City			85 Zip (	
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1509. Elocido Statute	o the eb		<del></del>	ation submits this statement for the purpo	FL	
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Statu	tes.		s board of directors. I hereby accept the	•	gistered · .
12.		D DIRECTORS	13.	gent signatur	e required wi	hen reinstating)》, 经分配 DA ADDITIONS/CHANGES TO OFFICER		DS IN 12
TITLE	P	DELETE	1.1 717	E	1			Addition
NAME	HILTON, ANGELA S		1		ş	*****	☐ Change	
STREET ADDRESS	8444 EL 6684 DIAN EL 6E		1.2 NAN	ΙE		58 34 123 F	☐ Change	
CITY-\$T-ZIP	APOPKA FL 32703				s	D4F 24 (N.9.8A	☐ Change	
TITLE			1.3 STR	EET ADDRES	s	ON 34 072 N/	☐ Change	
NAME		☐ DELETE	1.3 STR	EET ADDRES '-ST-ZIP	s	OH 34 070 N	☐ Change	Addition
		☐ DELETE	1.3 STR 1.4 CIT	EET ADDRES /-ST-ZIP E	s	ON 33 070 %		
STREET ADDRESS		☐ DELETE	1.3 STF 1.4 CIT 2.1 TITE 2.2 NAA	EET ADDRES /-ST-ZIP E		ON 33 02024		
CITY-ST-ZIP		DELETE	1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR	EET ADDRES  -ST-ZIP  E  BE  EET ADDRES		ON 33 02024		
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CITY-ST-ZIP			1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT	EET ADDRES  '-ST-ZIP  E  BE  EET ADDRES  Y-ST-ZIP  E		ON STORY	☐ Change	☐ Addition
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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 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90029 007 \*\*\*150.00