

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 DEC 21 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0081830

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000002190 (1)

1. Corporation Name

MARIA CHATANI, D.M.D., P.A.

Principal Place of Business

1809 PRINCETON LAKES DR. SUITE 404
BRANDON FL 33511

Mailing Address

1809 PRINCETON LAKES DR. SUITE 404
BRANDON FL 33511

REINSTATEMENT 98

3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

59-3420882

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 11600 NW 29th St

Suite, Apt. #, etc.

22 SUNRISE FL

City & State

23 33323

Zip

24 USA

Country

2a. Mailing Address

26 11600 NW 29th St

Suite, Apt. #, etc.

27 SUNRISE FL

City & State

28 33323

Zip

29 USA

Country

9. Name and Address of Current Registered Agent

CHATANI, MARIA
1809 PRINCETON LAKES DR, SUITE 404
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name CHATANI, MARIA
82 Street Address (P.O. Box Number is Not Acceptable)
11600 NW 29th St
83
84 City SUNRISE FL 85 Zip Code 33323

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 obligations of, section 607.0505, Florida Statutes.

SIGNATURE Maria Chatani DMD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12-15-98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CHATANI, MARIA
STREET ADDRESS 1809 PRINCETON LAKES DR, SUITE 404
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS 11600 NW 29th St

1.4 CITY-ST-ZIP Sunrise, FL 33323

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS 800002724148-0

2.4 CITY-ST-ZIP -12/23/98-01003-016

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ****750.00

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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. MARIA CHATANI

SIGNATURE: Maria Chatani DMD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-98 (954) 748-5317

Date

Daytime Phone #

CR2E034 (5/98)