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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700002190

1. Corporation Name

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

Principal Place of	Rusiness	Mailing Address			1			
	Dagwood	11600 NW 29TH ST				=	NDACE	
600 NW 29TH ST UNRISE FL 33323		SUNRISE FL 33323			DO NOT WRITE IN THIS SPACE			
NHISE FL 33323					3. Date Incorporated or Qualifed			
					01/02/1997			
					4. FEI Number		Applie	
2. Principal Place of Business		2a. Mailing Address			Not Appli			
Z. Principal Flace of Guerries		26						
11	otc	Suite, Apt. #, etc.			5. Certificate of Status Desired	A	Fee Requi	red
Suite, Apt. #,	eic.	27			6. Election Campaign Financing		\$5.00 Ma	y Be
2		City & State			Trust Fund Contribution		Added to F	ees
City & State		28			8. This corporation owes the curre	ent vear int	angible	
3	Country	Zip	Coun	itry	Personal Property Tax.	J	🗌 Yes 🔣	No
Zip		29	30		10. Name and Address of New F	Registered	Agent	
4	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of the			
	9. Name and Address of Co		Ì	81 Name	<u>·</u>			<u> </u>
OLIATA'	AN SAADIA		Ì	82 Street Add	ress (P.O. Box Number is Not Accepta	able)		ļ
CHATA	NI, MARIA		Ì	Silver, ad	<u> </u>		111111111111111111111111111111111111111	1611131
11600	NW 29TH ST						科 (3 1 <u>2 13 18 18 1</u> 1	
SUNRIS	SE FL 33323					- 100 to	85 Zip Co	de
			Ţ	84 City		FL	<u>- </u>	· · ·
					poration submits this statement for the ion's board of directors. I hereby acce	purpose o	f changing its re	gistered
14 December 1	the provisions of Sections 607	7,0502 and 607,1508, Florida St	atutes, trie ai	by the corporat	ion's board of directors. I hereby acce	spt the appr	MILITION CO 149.	· · ·
office or re	gistered agent, or both, in the S	State of Florida. Such change was abligations of, Section 607.0505,	Florida Stat	utes.	poration submits this statement for the ion's board of directors. I hereby acce			ļ
	Templifier with and accept the U	Digations of Court						
agent. I an	n familiar with, and according					DATE		
agent. i an	I lamina may en			I Agent signature requi		DATE PERCERS A	ND DIRECTOR	S IN 12
agent. i an	the breed or printed name of register	ed agent and title if applicable. (1					ND DIRECTOR	S IN 12
SIGNATURE 3	Signature, typed or printed name of register OFFICER		NOTE: Registered	Agent signature requi			ND DIRECTOR	S IN 12
SIGNATURE SIGNATURE STATE	Signature, typed or printed name of register OFFICER	ed agent and title if applicable. (F	NOTE: Registered	Agent signature requi			ND DIRECTOR	Addition
SIGNATURE	Signature, typed or printed name of register OFFICER D CHATANI, MARIA	ed agent and title if applicable. (F	13. 1.1 TI	I Agent signature requi			ND DIRECTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of register OFFICER D CHATANI, MARIA 11600 NW 29TH ST	ed agent and title if applicable. (F	13. 1.1 TI 1.2 N 1.3 S	I Agent signature requi			. Citalige	
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14. I hereby certify that the information supplied with this filling 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 17, 1999 8:00am

Secretary of State

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