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

**PROFIT CORPORATION** ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000023888 (5)

DENTAL CONCEPTS, INC.

Principal Place of Business

Mailing Address

115 CYPRESS LANE

115 CYPRESS LANE

## **FILED** Feb 02 1998 8:00am Secretary of State



HOINE FROM BENON TE SSATT			HOTAL FALM DENOTITE SOUTH				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified				
							03/17/1997				
2. Principal Place of Business 2a. Mailing Address						٨	4. FEI Number	111200	> AF	plied For	
21 115 Gypecs land West Ham Bray 26 931 VII lage B						$\alpha$	(05-67)	4430.	<del>*</del>	t Applicable	
Suite, Apt. #, etc.							5. Certificate of Status De	sired	\$8.75		
27 905-516									Fee Re	<u> </u>	
City & State Ram Beach, FL 28 West Palm B						1 =1	6. Election Campaign Finance		\$5.00	•	
	(CHIT)		28 WC		O CSAL	- אור י	Trust Fund Contribution		Added t		
Zip 24 3341	11	Country	- <del>4</del> 2	409	Count	S A	8. This corporation owes	_	- · -		
24 33411 25 USA 29 334U9 30 0						-	Personal Property Tax			_ No	
AL N											
VIVODA, MARGARET											
115 CYPRESS LANE ROYAL PALM BEACH FL 33411						82 Street Address (P.O. Box Number is Not Acceptable)					
						63					
						~				-	
						4 City		FL	85 Zip (	Code	
44 0			2 CÓZ 4/ O	Transac Office	as the obe		poration submits this statemen		obonging it	o registered	
office or re	o the provis agi <b>ste</b> red ag	ent, or both, in the State of	of Florida, Suc	h change was a	es, the auc authorized	by the corpora	tion's board of directors. I here	by accept the app	ointment as	registered	
office or registered agent, or both, in the State of Ftorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE TO ACCEPT THE PROPERTY OF THE PROPERT											
SIGNATURE .	111000	1	- Mea	acus				DATE			
12.	Signature, typed	or printed name of registered agent		nie (NO1	13.	agent signature requ	red when reinstating) ADDITIONS/CHANGES		DIRECTOR	IS IN 12	
TITLE	D	OH ICENS AND	Diffections	DELETE	11 111		ADDITIONO/OFFANGES	TO OTT TOLLTO ATTE	Change	Addition	
NAME	-	, MARGARET		_	1.2 NAM				- •	·	
STREET ADDRESS	115 CYPRESS LANE				4	ET ADDRESS					
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411					- SI - ZiP					
TITLE				DELETE	2 1 TiTL				Change	Addition	
NAME					2.2 NAM						
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CITY-ST-ZIP						r-\$1-ZIP					
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CITY-ST-ZIP						/-ST-2IP					
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STREET ADDRESS					4.3 STRE	ET ADDRESS					
CITY-ST-ZIP						- \$T - 7IP					
TITLE				DELETE	5.1 TITLE				Change	Addition	
NAME					5.2 NAM	E				aJ	
STREET ADDRESS					5.3 STRE	ET ADDRESS					
CITY-ST-ZIP						- ST - ZIP				8.9	
TITLE				DELETE	6.1 TITLE		700002	241936	E- Diange	Addition	
NAME					6.2 NAM	.E	-02/02/98-		7		
STREET ADDRESS						ET ADDRESS	***1 <b>50.</b> 80	WELLING THE	. •	į	
CITY-ST-ZIP					6.4 CITY		<u> </u>				
14 I hereby co	erlify that the	e information supplied wit	h this filing do	es not qualify fo	or the exem	notion stated in	Section 119.07(3)(i), Florida S	tatutes. I further ce	rtify 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 it 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 Statules; and that my name appears in											
Block 12 c	or Block 13 i	f chan <b>ge</b> d, or on an attac	hment with an	address.	_	_	1	,		·	
margaret Vivoda, President											