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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024675 1. Corporation Name

STEVEN BARRY, D.M.D., P.A.

Principal Place of Business

1455 S. FERDON BLVD. ST. D-1 **CRESTVIEW FL 32539**

1455 S. FERDON BLVD. ST. D-1 **CRESTVIEW FL 32539**

Mailing Address

FILED Jan 26, 1999 8:00am **Secretary of State**

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. DO NOT WRITE IN THIS SPACE

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			4		3. Date Incorporated or Qualifed		-	
2. Principal	Place of Business	28 Mailing Address			03/14/1997			
	tace of Busiless	2a. Mailing Address	•		4. FEI Number		A	pplied For
21		26			<u>59-3437017</u>		N	lot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5 0 -16 -1 - 10 - 1	<u> </u>		Additional
22		27			5. Certifcate of Status Desired [J *		lequired
City & Sta	ite .	City & State			6. Election Campaign Financing			
23		28			Trust Fund Contribution			May Be
Zip	Country	Zip	Countr	rv				to Fees
24	25	29	30	.,	8. This corporation owes the current			_ 1. 1
9. Name and Address of Current Registered Agent					Personal Property Tax. Yes No			
.,.,	The state of the s	nt Registered Agent		41 51	10. Name and Address of New Reg	istered Ager	it '	
BAR	RY, ROBERTA J		8	1 Name				
S 111	5 TALLOKAS ROAD		8:	2 Street Add	roce (P.O. Pov Number is Net Asset to	·		
]"	82 Street Address (P.O. Box Number is Not Acceptable)				
CHE	STVIEW FL 32536		8:	3	7 40 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	der der Lauferie bei der	14 . 2 A) <u>45 6 5 COMP</u>
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Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the abov	ve-named corp	oration submits this statement for the pur	nose of chang	ding ite	rogictored
agent I:a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a	uthorized by	y the corporation	oration submits this statement for the pur on's board of directors. I hereby accept th	e appointmen	nt as re	egistered
_	and accept the obliga	ations of, Section 607.0505, Flo	nda Statute:	S.	, ,			
SIGNATURE	Signature							
12.	Signature, typed or printed name of registered ager			ent signature required		DATE		
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indicated on this, annual report or supplied will tris filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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.