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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000048234

1. Corporation Name

VIVIAN ROSE KUNSTMANN, D.D.S., P.A.

Principal Place	e of Business	Mailing Address				
23321 WATER (CIRCLE	23321 WATER CIRCLE				
BOCA RATON FL 33486		BOCA RATON FL 33486		DO NOT WRITE	IN THIS SPACE	
		•		3. Date Incorporated or Qualifed	IN THIS SPACE	
		•		06/01/1997	•	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied F	or
21	iddo o' Badinodo	26		65-0757445	Not Appli	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Addition	
22		27	.	5. Certificate of Status Desired	Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing	□ \$5.00 May B	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	, 8. This corporation owes the currer Personal Property Tax.	nt year Intangible XYes □No	
24	9. Name and Address of Curren		30	10. Name and Address of New Re		
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of Notice	3	
KUN	ISTMAN, VIVIAN R D.D.S.			(D.O. D. M. J. M.	· · · · · · · · · · · · · · · · · · ·	
	21 WATER CIRCLE	10 1	82 Street Ad	dress (P.O. Box Number is Not Acceptable	ie)	
B00	CA RATON FL 33486		83	1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 (3)
			04 07	The state of the s	85 Zip Code"	21 (47)
			84 City		FL! '	
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statute	es, the above-named co	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its register	ered
∴ fiftee or r	registered agent, or both, in the State	of Florida. Such change was at	uthorized by the corpora	ation's board of directors, I hereby accept	me appointment as registere	şu j
agent, l a	am familiar with and accept the obliga	ions of, Section 607.0505, Flor	rida Statutes.		. 1 1	ļ
agent. i a	am familiar with, and accept the obliga	ions of, Section 607.0505, Flor	rida Statutes.		1/12/99	
agent. I a	am familiar with, and accept the obliga	pons of, Section 607.0305, Fior	rida Statutes. Registered Agent signature requ	uired when reinstating)	ADATE 1/13/99	
agent. I a	Signature, typed or printed name of registered ager OFFICERS AN	t and title if applicable. (NOTE: D DIRECTORS	Registered Agent signature requests.	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE 1/13/99 CERS AND DIRECTORS IN	12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	at and title if applicable. (NOTE:	Registered Agent signature requests. 13. 1.1 TITLE	uired when reinstating)	DATE 1/13/99 CERS AND DIRECTORS IN	
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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 empewered 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.

6.4 CITY-ST-ZIP

Feb 01, 1999 8:00 am Secretary of State

02-01-1999 90004 046 ***150.00