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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000050542 (4)

VICTOR J. BELIVEAU, DMD, P.A.

Principal Place of Business

Malling Address

## **FILED** May 06 1998 8:00am Secretary of State



3550 SOUTH	WINDING PATH FL 94450	3550 SOUTH WINDING PATH INVERNESS FL 34450						
MATERIAL I		##1C##EGO 1C 07790			DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualified			
					06/06/1997			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For	
21 9535 CITRUS SDRIVES BLUZE					59-3458788		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State 23 344		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip 24	Country 25	Zip <b>29</b>	30 Count		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	d Agent		
BE	LIVEAU, VICTOR J		8	1 Name				
3550 SOUTH WINDING PATH INVERNESS FL 34450				2 Street Ad	dress (P.O. Box Number is Not Acceptable)			
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			8	3				
				1 04	- La, . g	14-1		
			8	4 City	F	<b>L</b>   85   Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abo	ve-named co	prporation submits this statement for the purpose	of changing i	its registered	
office or r	<b>egiste</b> red agent, or both, in the State o <b>m fam</b> iliar with, and accept the obligati	f Florida. Such change was ions of, Section 607,0505. F	authorized l Iorida Statut	by the corpora	ration's board of directors. I hereby accept the a	ppointment as	registered	
SIGNATURE		, , , , , , , , , , , , , , , , , , , ,					- 1	
SIGNATORE	Signature, typed or printed name of registered agent	and title d applicable (NO	IL Registered A	gent signature req	ulired when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	D	DELETE	1.1 \$1 <b>7</b> LE			☐ Change	☐ Addition	
NAME	BELIVEAU, VICTOR J		1.2 NAM	Ē				
STREET ADDRESS	3550 SOUTH WINDING PATH		1.3 STRE	et address				
CITY-ST-ZIP	INVERNESS FL 34450		1.4 CITY	- ST - ZIP				
TITLE	DELETE					☐ Change	☐ Addition ]	
RAME			2.2 NAM	Ė				
STREET ADDRESS			2.3 STRE	et address				
CITY-ST-ZIP			2.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAM	ē.				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY - ST - ZIP			4.4 CITY	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAM	1			j	
STREET ADDRESS			5.3 STRE	et address				
CITY-ST-ZIP			5.4 CITY	-ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAM	:				
STREET ADDRESS			6.3 S1RE	et address				
CITY-ST-ZIP	<u>L</u>		6.4 CITY	·ST-ZIP				
					The same a second secon			

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 informatio 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.

mice Lu