## 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 #**Corporation Name P97000054247 (6)

MICHAEL SAMPSON DMD PA

Principal Place of Business

Mailing Address

## **FILED** May 08 1998 8:00am Secretary of State



** 9055 8W 87 AVENUE #303 ** MIAMI FL 33176	9055 SW 87 AVENUE #303 MIAMI FL 33176	1	DO NOT WRITE IN THIS	S SPACE
			3. Date Incorporated or Qualified 06/19/1997	
2. Principal Place of Business 21 989 N. COLLIGR 84		LIER BLVD.	4. FEI Number 0765473	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  MARCO ISLAND, F	1=01		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 34/45 Country 25 USA	. [24]	Country 0 USA.	This corporation owes or has paid the c Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent  CANDOON MICHAEL  81 Name			10. Name and Address of New Registered Agent	
SAMPSON, MICHAEL		OI Name		
9055 SW 87 AVENUE #303 MIAMI FL 33176		Street Address (P.O. Box Number is Not Acceptable)      Street Address (P.O. Box Number is Not Acceptable)		
4.4 <sup>17</sup>		84 City	F	85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed fame of registered agent and title if applicable   (NOTE, Registered Agent signature required when reinstating)   DATE				
12. OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE DP	☐ DELETE	1.1 TITLE		Change Addition
NAME SAMPSON, MICHAEL	****	1.2 NAME		
STREET ADDRESS 9055 SW 87 AVENUE	#303	1.3 STREET ADDRESS		ļ
CITY-ST-ZIP MIAMI FL 33176	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	_ otte	2.2 NAME		Citalings C Modition
STREET ADDRESS		2.3 STREET ADDRESS		
CHY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
HAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-S1-ZIP		3.4. CITY-ST-ZIP		
me	☐ D€LETE	4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		4. 2 NAME		
CITY-ST-2IP		4.3 STREET ADDRESS		
TITLE	DELETE	4.4 City-St-ZiP 5.1 Title		Change Addition
IME	<del></del>	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition
. NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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.

april 30 1998