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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000061376**1. Corporation Name

Principal Place of Business

THOMAS A. PRIBISCO, D.D.S., M.S., P.A.

10822 OLD ST. AUGUSTINE ROAD JACKSONVILLE FL 32257		10822 OLD ST. AUGUSTINE ROAD JACKSONVILLE FL 32257				DO NOT WRITE IN THIS SPACE					
						<ol> <li>Date Incorporated or 07/14/1997</li> </ol>	Qualifed				
2. Principal Pl	ace of Business	2a. Mailing Address			1 '	4. FEI Number		ì	<del></del>	olied For	
21		26			-	<u>59-3458935</u>				Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status D	Certifcate of Status Desired   \$8.75 Additional Fee Required				
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May 8e Added to Fees					
23	Country	Zip	Country	,		8. This corporation owes					
Zip <b>24</b>	25	29 3	¬ '			Personal Property Ta:	· ·	Y		□No	
	9. Name and Address of Current	<del></del>			1	10. Name and Address	of New Registered	Agen	t		
- :-			81	Na	me						
	ISCO, THOMAS A D.D.S. 2 OLD ST. AUGUSTINE ROAD		82 Street Add			(P.O. Box Number is No	t Acceptable)				
	SONVILLE FL 32257		83			· · · · · · · · · · · · · · · · · · ·					
	•		84	Cit	у	<del></del>	FI	85	Zip C	ode	
								<u>-   </u>		intorned	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statutes f Florida. Such change was auth ons of, Section 607.0505, Florid	, the above norized by la Statutes	e-nar the c	med corporat corporation's	tion submits this statement board of directors. I here	nt for the purpose of the appointment the appointment in the appointme	intmer	ging its nt as reg	jistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered Ager	nt signa	ture required whe		DATE		-		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGE	S TO OFFICERS A				
TITLE	D	☐ DELETE	1.1 TITLE						Change	Addition	
NAME	PRIBISCO, THOMAS A D.D.S.		1.2 NAME								
STREET ADDRESS	10822 OLD ST. AUGUSTINE RO	AD	1.3 STREE	TADDR	ESS						
	JACKSONVILLE FL 32257		1.4 CITY-S	T-71P							
CITY-ST-ZIP	WICHOUTHELL I'E GLEGI	☐ DELETE	2.1 TITLE			<u> </u>			Change	☐ Addition	
1		<b>—</b>	2.2 NAME								
NAME	•		2.3 STREE	TANNS	DECC.						
STREET ADDRESS	,				CE33	* * * * <u>*</u>		45	٠.		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-S 3.1 TITLE	31-ZIP					Change	Addition	
TITLE		C) DELLE			ļ			_	Ū		
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREE		(ESS						
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP					Change	Addition	
TITLÉ		☐ DELETE	4.1 TITLE					ш.	Shango		
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREE	TADDF	RESS						
CITY-ST-ZIP			4.4 CITY- S	ST-ZIP			- <del></del>	-	Chan		
TITLE		☐ DELETE	5.1 TITLE					⊔'	Change	☐ Addition	
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREE	TADDF	RESS						
CiTY-ST-ZIP			5.4 CITY-S	ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE						Change	☐ Addition	
NAME			6.2 NAME								
077757 4005500	·		6.3 STREE	T ADDF	RESS			•			

CITY-ST-ZIP 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 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.

6.4 CITY-ST-ZIP

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90106 003 \*\*\*150.00