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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90024 048 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000063718**1. Corporation Name

BRAD LEWIS, D.M.D., P.A.

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Principal Plac	e of Business	Mailing	Address			£ INDESSENT THE COURT OF STATE BOTTLE BOTTLE		1001 1017 1007
1400 N.F. MIAN	III GARDENS DRIVE	1400 N.I	E. MIAMI GARDEN	S DRIVE				
SUITE 201 SUITE :			SUITE 201					
		RTH MIAMI BEACH FL 33179			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
ı						07/23/1997		
2. Principal P	Place of Business	2a. Ma	iling Address			4. FEI Number	<u> </u>	olied For
21		26				65-0768779	<del></del>	Applicable
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27	27			3. delinate di dilita delinat	Fee Rec	quired
City & Stat	te	City	y & State			6. Election Campaign Financing	\$5.00 !	May Be
23	•	28			_	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		Cou	ntry	8. This corporation owes the current y		_
24	25	29		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registere	d Agent			10. Name and Address of New Regis	tered Agent	
		11111			81 Name	•		
	/IS, BRAD DMD			}	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	<del> </del>	
1400 N.E. MIAMI GARDENS DRIVE SUITE 201				Sileet Au	diesa (F.O. Box radifiber la radi Acceptable)		4.3. 3 6.31	
			ŀ	83				
NOF	RTH MIAMI BEACH FL 33179							(1. 16 <u>16)</u>
1	•				84 City		85 Zip C	ode
					City		FI   ***   - * *	
1.5	4 Continue 607 051	02 and 607 1	E09 Florido Statu	toe the al	'	rporation submits this statement for the num	FL   1   1   1   1   1   1   1   1   1	
office or I	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obliga	ont⊢innida S	iuch change was a	authonzed	ove-named co	rporation submits this statement for the purp tion's board of directors. I hereby accept the	FL .	registered
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	ont⊢innida S	tion 607.0505, Flo	autnonzed orida Statu	pove-named co by the corpora ites.	mion's board or directors. Thereby accept the	ose of changing its rappointment as reg	registered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga Stgnature, typed or printed name of registered age	e of Florida. S ations of, Sec ent and title if appli	ction 607.0505, Fli	authorized orida Statu E: Registered	pove-named co by the corpora ites.	aired when reinstating)	ose of changing its representations appointment as reg	registered pistered
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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 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



☐ Addition