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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700064098

1. Corporation Name

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90046 024 ***150.00

PEUNAN	// DEMINIA, D.IVI.D., F.A.						
Principal Plac	e of Business	Mailing Address				T EMMISKAT SIM FAIST FRANT ANDIS BRIST MENE HALLE AFEST AFRES AND ANGEN	1919(1611 169)
5155 JOHN YO ORLANDO FL	DUNG PARKWAY 32839	5155 JOHN YOUNG PARKWAY ORLANDO FL 32839					
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 07/24/1997	
2. Principal P	2a. Mailing Address	iling Address			4. FEI Number . Ap	plied For	
21						00 04001 00	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Re	
City & Stat	te	City & State				6. Election Campaign Financing 55.00	May Be_
23	* * ·	28				Trust Fund Contribution Added t	
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	□No
	9. Name and Address of Curre	nt Registered Agent		ļ,		10. Name and Address of New Registered Agent	
				81	Name		
BEHNIA, PEDRAM D.M.D.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	7 MADAN TRAIL				Ou out i ida.		
WIN	ITER PARK FL 32789			83			}
				84	City	85 Zip 0	ode
				**	City	FL The second	
office or a agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, Fig	nda Stat	utes.	t signature required	n's board of directors. I hereby accept the appointment as re-	
12. OFFICERS AND DIRECTORS			13.	13.		· ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
TITLE	Р	DELETE	1.1 T	1.1 TITLE		☐ Change	☐ Addition
NAME	BEHNIA, PEDRAM		1.2 N	1.2 NAME			1 :
STREET ADDRESS	A 4 A 8 4 4 4 4 4 5 4 5 4 5 5 6 11		1.3 S	1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 C	1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 T	2.1 TITLE		☐ Change	Addition '
NAME	1		2.2 NAME		1		Ì
STREET ADDRESS	3		2.3 STREET		ADDRESS		
CITY-ST-ZIP	2.40		CITY-S	T-ZIP	<u></u>		
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CITY-ST-ZIP	}		4.4 C	4.4 CITY-ST-ZIP			
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NAME			5.2 N	5.2 NAME			
STREET ADDRESS	ESS 53S		TREET	ADDRESS		}	
CITY-ST-ZIP			5.4 C	ITY-ST	r-ZIP		
TITLE		☐ DELETE	6.1 TITLE				☐ Addition
NAME					ı	☐ Change	☐ Addition
l caem			6.2 N			☐ Change	Addition
STREET ADDRESS			6.2 N	IAME	ADDRESS	☐ Change	Addition

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.

SIGNATURE:

Daytime Phone #