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Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 97000078777

1. Corporation Name

Mark S. Offenback DDS P. A.

Principal Place of Business	Mailing Address
686 Hunt Club Blvd. Suite 100 Longwood, FL 32779-2217	686 Hunt Club Blvd. Suite 100 Longwood, FL 32779-2217

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 686 Hunt Club Blvd. Suite, Apt. #, etc. 22 Suite 100 City & State 23 Longwood, FL Zip 24 32779-2217	25 686 Hunt Club Blvd. Suite, Apt. #, etc. 27 Suite 100 City & State 28 Longwood, FL Zip 29 32779-2217
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified

09/04/1997

4. FEI Number

59-3466156

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

Mark S. Offenback, DDS
1312 Fox Fire Dr.
Apopka, FL 32712-3015

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. 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 and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/24/98

12. OFFICERS AND DIRECTORS

TITLE D Pres. VP Sec. ☐ DELETE

NAME Mark S. Offenback

STREET ADDRESS 1312 Fox Fire Dr.

CITY-ST-ZIP Apopka, FL 32712-3015 ☐ DELETE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE D Treas. ☐ DELETE

NAME Cynthia L. Offenback

STREET ADDRESS 1312 Fox Fire Dr.

CITY-ST-ZIP Apopka, FL 32712-3015 ☐ DELETE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***150.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Offenback

2/24/98

(407)869-7333

CR2E034 (10/97)