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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000095557**1. Corporation Name

DR. MARION MARGARET BARR, DDS. PA

Principal Place	e of Rusiness	Mailing Address					
12001 9TH STR		12001 9TH STREET	NORTH				
UNIT 2901 UNIT 2901 ST PETERSBURG FL 33716 ST PETERSBURG FL 33716			. 33716		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	-	
					01/01/1998		
2. Principal P	lace of Business	2a. Mailing Addres	s		4. FEI Number 24773	79	Applied For
21		26			59-31119	•	Not Applicable
Suite, Apt. 22 8 401	"15th Way North	Suite, Apt. #, e	Kth Wa	y North	5. Certificate of Status Desired	1	5 Additional Required
City & Stat	51 -1 0 F1	City & State	_ 1	() 🗀	6. Election Campaign Financing	1 3	00 May Be
23 5+.1	eteraburg, FL	28 5+. 100	monday	1,11-	Trust Fund Contribution	Add	ed to Fees
ー Zip フマコ	40 Country	<u> </u>		yhtrý US	8. This corporation owes the current	nt year Intangible ☐ Yes	□No
24 33	02 [25]	29 3 0 10	30	ك	Personal Property Tax. 10. Name and Address of New Re		
	9. Name and Address of Current	Kegistered Agent		81 Name	(U. Name and Address of New No.	giatorea Agont	
AME	RILAWYER						·
343 ALMERIA AVENUE				82 Street Add	ress (P.O. Box Number is Not Acceptab	ele)	
COR	AL GABLES FL 33134			83			
						- I I	
				84 City		FL 85 2	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida	Statutes, the a	above-named com	poration submits this statement for the p	urpose of changing	its registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	f Florida. Such change	was authorize	d by the corporati	on's board of directors. I hereby accept	the appointment a	s registered
agent. La	iii jajijillai willi, alku accept liie obligatio) 5 QI, GGCUOII 001.00	Jo, i lolida ota	tutes.			I
	•						l
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.		d Agent signature require	d when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND				od when reinstating) ADDITIONS/CHANGES TO OFF		
			(NOTE: Registere	<u> </u>			
12.	OFFICERS AND	DIRECTORS	(NOTE: Registerer 13. ETE 1.1 T	<u> </u>		ICERS AND DIREC	
12.	OFFICERS AND	DIRECTORS DEL	(NOTE: Registerer 13. ETE 1.1 T	TILE		ICERS AND DIREC	
12. TITLE NAME	PSTD BARR, MARION M DDS	DIRECTORS DEL	(NOTE: Registered 13. ETE 1.1 T 1.2 N 1.3 S	TITLE LAME		ICERS AND DIREC	
12. TITLE NAME STREET ADDRESS	OFFICERS AND PSTD BARR, MARION M DDS 12001 9TH STREET N, UNIT 290	DIRECTORS DEL	(NOTE: Registered 13. ETE 1.1 T 1.2 N 1.3 S 1.4 C	ITLE IAME STREET ADDRESS CITY-ST-ZIP		ICERS AND DIREC	nge
12. IITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PSTD BARR, MARION M DDS 12001 9TH STREET N, UNIT 290	DIRECTORS DEL	(NOTE: Registered 13. ETE 1.1T 1.2 N 1.3 S 1.4 C ETE 2.1T	ITLE IAME STREET ADDRESS CITY-ST-ZIP		ICERS AND DIREC	nge
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90028 011 ***150.00