

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

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**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90043 019 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000101147**

1. Corporation Name  
**THREE'S COMPANY, D.M.D., INC.**

Principal Place of Business  
 3911 JOG RD.  
 W. PALM BEACH FL

Mailing Address  
 3203 W. MEDINAH CIRCLE  
 LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/01/1997</b>	
4. FEI Number <b>APPLIED FOR 65-0809443</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>3203 W. MEDINAH CIR.</b>		2a. Mailing Address 26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State 23 <b>LAKE WORTH, FL</b>		27 City & State	
24 Zip <b>33467</b> 25 Country <b>U.S.A.</b>		29 Zip 30 Country	

9. Name and Address of Current Registered Agent

**NICHOLS, L. WESLEY ESQ.**  
 11380 PROSPERITY FARMS RD., SUITE 204  
 PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVDS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCALLUM, DOLORES</b>	1.2 NAME	
STREET ADDRESS	<b>3203 W. MEDINAH CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCALLUM, DOLORES</b>	2.2 NAME	
STREET ADDRESS	<b>3203 W. MEDINAH CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCALLUM, DANIEL T</b>	3.2 NAME	
STREET ADDRESS	<b>3203 W. MEDINAH CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel T. McCallum, Director / **DANIEL T. MCCALLUM 3/29/99 561-439-0287**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)