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 # P97000109013

1. Corporation Name

MANUEL R. SEAGE, D.D.S., P.A.

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90042 038 ***150.00



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Principal Place of Business Mailing Address											
555 BILTMORE WAY STE 106 555 BILTMORE WAY STE 106											
CORAL GABLES	S FL 33134	CORAL GABLES FL 33134					DO NOT WRITE IN THIS SPACE				
	·					}-	3. Date Incorporated or Qualifed				
							12/29/1997			}	
2 Principal Di	ace of Business	2a. Mailing Address					4. FEI Number		\Box	Applied For	
	ace of business	<u></u>								Not Applicable	
21 Cuito Ant	# ata	Suite, Apt. #, etc.							Additional		
Suite, Apt. #, etc.		—	–				5. Certifcate of Status Desired			Required	
City & State		City & State				6. Election Campaign Financing			0 May Be		
····	5	28			}	Trust Fund Contribution			d to Fees		
Zip	Country	Zip Country			<u> </u>	8. This corporation owes the cur	rent vear Inta				
24	25	29	30	•			Personal Property Tax.	, o	Yes	□No	
24[9. Name and Address of Current		[00]	1			0. Name and Address of New	Registered i	gent		
	<u> </u>	<u> </u>		81	Name						
GUA	RCH, J M				ļ		(D. D.)	-61-1			
	SO DIXIE HWY			82 Street Addre			(P.O. Box Number is Not Accept	abie)	ŕ	ļ	
	AL GABLES FL 33146		83								
,											
				84	City			FL	[85] Zij	p Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the a	bove	e-named (corpora	tion submits this statement for the	purpose of	changing	its registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was :	authorized	יעם נ	the corpo	oration's	board of directors. I hereby acce	pt the appoir	itment as	registered	
	m ramiliar with, and accept the obligat	ions of, Section cor.osos, i a	onda Stati	olos	•		•				
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registered	Agen	nt signature re	equired wh	en reinstating)	DATE			
12.	OFFICERS ANI		13.		*****	·	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	TORS IN 12	
TITLE	P	☐ DELETE	1.1 ∏	TLE		P			X Change	e 🔲 Addition	
NAME I	SEAGE, MANUEL R.		1.2 N	WE		SEA	GE, MANUEL R.			-	
STREET ADDRESS	1214 FERDINAND STREET		1.3.81	REET	T ADDRESS		1 CORAL WAY				
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CI	TY-S	T-ZIP		MI. FL 33134-4788				
TITLE	COTTLE CO COLOR TO	☐ DELETE	2.1 TT		1				Change	e 🔲 Addition	
NAME			2.2 N	AME					•	-	
STREET ADDRESS			2.3 ST	REET	TADDRESS					1	
					ST-ZIP			-	, .		
CITY-ST-ZIP TITLE		☐ DELETE	3,1 TI		71-21-				☐ Chang	e Addition	
1			3.2 N						_		
NAME					T ADDRESS I						
STREET ADDRESS					ST-ZIP	ļ				ļ	
CITY-ST-ZIP		☐ DELETE	4.1 Ti		SI-ZIP				[] Chang	re	
TITLE										_	
NAME			4. 2 N						• ;	İ	
STREET ADDRESS					T ADDRESS		•		-		
CITY-ST-ZIP		☐ DELETE		TY-S	I-ZIP				☐ Chang	je Addition	
TITLE		□ pereie	5.1 TI 5.2 N/						- Johns		
NAME			. I		T ADDRESS	{	•		•	-	
STREET ADDRESS											
CITY-ST-ZIP			5.4 CI 6.1 TI		1-217				Chang	e Addition	
TITLE		□ ncreie	6.2 N								
NAME					TADDDECC		•)	
STREET ADDRESS					TADDRESS					ļ	
CITY, ST. 7IP			■ 6.4 CI	TY-S	I-ZIP	I					

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 of 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, of on an attachment with an address, with all other like empowered.

SIGNATURE: