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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800000915

II	
Principal Place of Business	Mailing Address
225 SOUTHWOOD DRIVE	225 SOUTHWOOD D
PANAMA CITY FL 32405	PANAMA CITY FL 32

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90070 016 ***150.00

1. Corporatio WANDA	F. GOODREAU, D.M.D.,	P.A.					(1880) BES ME SELEC PRIM BONG ERIM BEIN ARM	. 	18 00 1 3 111 (50 1
Principal Plac	ce of Business	Mailing Add	dress				-		HEEL BHI IEEL
225 SOUTHWO PANAMA CITY		225 SOUTH PANAMA CI	WOOD DRIVE TY FL 32405						
(700000)	. 4 72 760		, , , , , , , , , , , , , , , , , , , ,				DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualifed 01/01/1998		
2. Principal P	Place of Business	2a. Mailing	Address				4. FEI Number		plied For
21		26					59-3484478		t Applicable
Suite, Apt.		27	.pt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Re	equired
	te	City & 5	State	-			6. Election Campaign Financing	\$5.00	
23	Country	28 Zip		Coun	otn/		Trust Fund Contribution	Added t	<u>b rees</u>
Zip 24	Country 25	29		30	iili y	*	This corporation owes the current year Interpretation Personal Property Tax.	Yes	□No
	9. Name and Address of Cur						10. Name and Address of New Registered	Agent	
					81	Name	-		
	odreau, wanda f Southwood drive			<u> </u>	82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
PAN	IAMA CITY FL 32405				83				
				Ì	84	City	FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508,	Florida Statute	es, the ab	oove-r	named corpo	ration submits this statement for the purpose of	changing its	registered
office or r	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such	change was at	uthorized	by the	e corporation	's board of directors. I hereby accept the appoi	ntment as re	jistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE	Registered A	Agent s	gnature required	when reinstating) DATE		 }
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D		☐ DELETE	1.1 7171	LE			Change	Addition
NAME	GOODREAU, WANDA F			1.2 NA					
STREET ADDRESS	1					DORESS			Ì
CITY-ST-ZIP	PANAMA CITY FL 32405		□ DELETE		Y-\$T-Z	ZIP			
TITLE			☐ DELETE	2.1 TITI	LE:			Channe	☐ Addition
NAME								Change	☐ Addition
STREET ADDRESS	> [2.2 NAI		nnpeee		Change	Addition
CITY-ST-ZIP				2.3 STF	REET AL	DDRESS		Change	Addition
			☐ DELETE	2.3 STF	REET AL	ì	<u> </u>	☐ Change	☐ Addition
TITLE			☐ DELETÉ	2.3 STF	REET AL TY-ST-	ì	<u>.</u>	<u>. </u>	
			☐ DELETÉ	2.3 STF 2.4 CIT 3.1 TITS 3.2 NAV	REET AL TY-ST-I LE ME	ì	<u>.</u>	<u>. </u>	
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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 of the experience of tustee 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 that a accurate with an address with all other like empowered.

SIGNATURE: