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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000023494

DENTAART, INC.

## Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90049 005 \*\*\*150.00



|   | •  |                             |              |  |  | 1             |                                 |                   |   |                                     |                            |
|---|--|-----------------------------|--------------|--|--|---------------|---------------------------------|-------------------|---|-------------------------------------|----------------------------|
| Principal Place   | of Business  | Mailing Address             |              |  |  |               | 1 10011001 110 181              | ini iniki naki ob | ili <b>Ba</b> lik <b>Ba</b> lk <b>a</b> k | H <b>ers</b> hana <b>s</b> hea      | E INTILL DINTI LAND        |
| 1221 N. RIVERHILLS DRIVE P.O. BOX 292802  |  |                             |              |  |  |               |                                 |                   |   |                                     |                            |
| TEMPLE TERRACE FL 33617 TAMPA FL 33617  |  |                             |              |  |  |               | DO NOT WRITE IN THIS SPACE      |                   |   |                                     |                            |
|   |  |                             |              |  |  | -             | 3. Date Incorporated            |                   | -   |                                     |                            |
|   |  | -                           | •            |  |  |               | 03/11/1998                      |                   |   |                                     |                            |
| 2. Principal Pl   | lace of Business   | 2a. Mailing Addre           | ess          |  |  |               | 4. FEI Number                   |                   |   | Ar                                  | oplied For                 |
| 21  | -  | 26                          |              |  |  | }             | 59-3 <u>5</u> 0                 | 2000              | D6_                                       | No                                  | ot Applicable              |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.         |              |  |  |               | 5. Certifcate of Statu          | e Decired         |   |                                     | Additional                 |
| 22  |  | 27                          |              |  |  |               |                                 | is Desired        |   | Fee Re                              | equired                    |
| City & State  |  | City & State                |              |  |  |               | 6. Election Campaig             | n Financing       |   |                                     | May Be                     |
| 23  |  | 28                          |              |  |  |               | Trust Fund Contri               |                   |   |                                     | to Fees                    |
| Zip Country   |  | Zip Country                 |              |  |  |               | 8. This corporation of          |                   | ent year Inte                             |                                     | MNo                        |
| 24  | 25   | 29                          | 30           | J  |  |               | Personal Property               |                   | logistored :                              | Yes                                 | ANO                        |
| <del></del>   | 9. Name and Address of Curren  | t Registered Agent          |              | 81   | Name   |               | 10. Name and Addre              | SS OF NEW P       | tegistered /                              | Agent                               | _                          |
| LEEV  | /er, david l   |                             |              |  | Hamic  |               |                                 |                   |   |                                     |                            |
|   | N. RIVERHILLS DRIVE  |                             |              |  |  | Address       | s (P.O. Box Number is           | Not Accepta       | ible)                                     |                                     |                            |
| TEMPLE TERRACE FL 33617   |  |                             |              |  |  |               |                                 |                   |   |                                     | _                          |
|   | LE (EMBIOL ) E GOOT  |                             |              | 83   |  |               |                                 |                   |   |                                     |                            |
| Ì   |  |                             |              | 84   | City   |               |                                 |                   | FL  | 85 Zip                              | Code                       |
| 11 Pursuant   | to the provisions of Sections 607.050  | 2 and 607.1508. Florid      | la Statutes. | the above  | -named   | corpora       | ation submits this state        | ment for the      | nurnose of                                | changing its                        | registered                 |
| office or re  | egistered agent, or both, in the State<br>m familiar with, and accept the obliga   | of Florida, Such chance     | ie was autho | orized by 1  | the corpo  | oration's     | s board of directors. I I       | hereby accep      | the appoir                                | ntment as re                        | egistered                  |
| agent. i ai   | m familiar with, and accept the obliga   | mons of, Section 007.0      | 303, Fidilua | Glatutes.  |  |               |                                 |                   |   |                                     | )                          |
| }   |  |                             |              |  |  |               |                                 |                   |   |                                     | Į.                         |
| SIGNATURE   | Signature, typed or printed name of registered age   | nt and title if applicable. | (NOTE: Reg   | gistered Agent   | t signature re   | required wh   | hen reinstating)                |                   | DATE                                      |                                     |                            |
| SIGNATURE   |  | nt and title if applicable. | (NOTE: Reg   | gistered Agent   | t signature re   | required wh   | hen reinstating) ADDITIONS/CHAN | GES TO OF         |   |                                     |                            |
|   |  |                             |              |  | t signature re   | required wh   |                                 | GES TO OF         |   | D DIRECTO                           | DRS IN 12                  |
| 12.   | OFFICERS AN  | ID DIRECTORS                |              | 13.  | t signature re   | equired wh    |                                 | IGES TO OF        |   |                                     |                            |
| 12.   | OFFICERS AN  | ID DIRECTORS                |              | 13.<br>1.1 TITLE   |  | required wh   |                                 | GES TO OF         |   |                                     |                            |
| 12.<br>TITLE<br>NAME  | OFFICERS AND LEEVER, DAVID   | ID DIRECTORS                | LÉTE         | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET<br>1.4 CITY-ST  | ADDRESS  | required wh   |                                 | GES TO OF         |   | ☐ Change                            | ☐ Addition                 |
| 12. TITLE NAME STREET ADDRESS   | D<br>LEEVER, DAVID<br>1221 N. RIVERHILLS DRIVE<br>TEMPLE TERRACE FL 33617<br>D   | ID DIRECTORS                | LÉTE         | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE  | ADDRESS  | equired wh    |                                 | GES TO OF         |   |                                     |                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>LEEVER, DAVID<br>1221 N. RIVERHILLS DRIVE<br>TEMPLE TERRACE FL 33617<br>D<br>LEEVER, GERI                             | ID DIRECTORS                | LÉTE         | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET<br>1.4 CITY-ST<br>2.1 TITLE<br>2.2 NAME   | ADDRESS  | required wh   |                                 | GES TO OF         |   | ☐ Change                            | ☐ Addition                 |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | D<br>LEEVER, DAVID<br>1221 N. RIVERHILLS DRIVE<br>TEMPLE TERRACE FL 33617<br>D<br>LEEVER, GERI<br>1221 N. RIVERHILLS DRIVE | ID DIRECTORS                | LÉTE         | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET  | ADDRESS<br>-ZIP<br>ADDRESS                               | required wi   |                                 | GES TO OF         |   | ☐ Change                            | ☐ Addition                 |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>LEEVER, DAVID<br>1221 N. RIVERHILLS DRIVE<br>TEMPLE TERRACE FL 33617<br>D<br>LEEVER, GERI                             | ID DIRECTORS                | LETE         | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S   | ADDRESS<br>-ZIP<br>ADDRESS                               | required wi   |                                 | GES TO OF         |   | ☐ Change                            | Addition                   |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>LEEVER, DAVID<br>1221 N. RIVERHILLS DRIVE<br>TEMPLE TERRACE FL 33617<br>D<br>LEEVER, GERI<br>1221 N. RIVERHILLS DRIVE | ID DIRECTORS  DE            | LETE         | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 4.4 CITY-ST 4.4 CITY-ST 4.4 CITY-ST 4.5 NAME 4.5 NAME 4.5 NAME 4.5 NAME 4.5 NAME 4.6 CITY-ST 4.4 CITY-ST 4.4 CITY-ST  | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP  | required wh   |                                 | GES TO OF         |   | ☐ Change ☐ Change                   | Addition  Addition         |
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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 or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, by on an attachment with an address, with all other like empowered.

SIGNATURE: