PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000025022

1. Corporation Name

J. & C. DENTAL STUDIO, INC.

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90024 016 ***150.00



Principal Place of Business	Mailing Address				
3100 LOWSON BLYD DELRAY BEACH FL 33445	3100 LOWSON BLVD DELRAY BEACH FL 33445				
				DO NOT WRITE IN THIS SPACE	
				Date Incorporated or Qualifed	j
				03/16/1998	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied Fo	ı۲
27 2895 S. FREDEREL -	104 26 2875 S. FRED	XERY.	· Fhi	5 -0821310 Not Applica	able
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	al
22 Ste. B-4	27 STE. B-H			Fee Required	
City & State	City & State			6. Election Campaign Financing \$5.00 May Be	ا ا
23 DELRAY BEACH, FL	28 DELRAPISE	HJAC F	CL	Trust Fund Contribution Added to Fees	
Zip Country	Zip	Country		8. This corporation owes the current year Intangible	
24 33483 25 USA	29 33483 3	<u>ب (۵</u>	sA_	Personal Property Tax. Yes You	
9. Name and Address of (Current Registered Agent			10. Name and Address of New Registered Agent	
		81	Name		
SHEN, ANMIN 3100 LOWSON BLVD			Street A	Address (P.O. Box Number is Not Acceptable)	
			Sueery	autess (1.0. Dox Nutition to Not Nosephable)	
DELRAY BEACH FL 33445		83	1		
			<u> </u>	Apr 72- O-1-	
		84	City	FL 85 Zip Code	
office or registered agent, or both, in the agent. I am familiar with, and accept the	State of Florida, Such change was aut	horized by	the corpor	corporation submits this statement for the purpose of changing its register ration's board of directors. I hereby accept the appointment as registered	ed=
SIGNATURE Signature, typed or printed name of registr	ered agent and title if applicable. (NOTE: R	Registered Age	nt signature re	quired when reinstating) DATE	-
12. OFFICE	RS AND DIRECTORS	13.	•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	☐ DELETE	1.1 TITLE		Poets Change Ad	dition
NAME		1.2 NAME	,	AHMIN SHON 3100 LOWSON BUND	
STREET ADDRESS		1.3 STREE	TADDRESS	3100 LOWSON BLUD.	
CITY-ST-ZIP		1.4 CITY- S	iT-ZiP	DOLRAY BURNCH, FL 33445	
TITLE	☐ DELETE 2.1 TI			☐ Change ☐ Ad	ddition
NAME		2.2 NAME			
STREET ADDRESS	SS 2.3 S			·	
CITY-ST-ZIP		2. 4 CITY-	ST-ZIP		
TITLE	Convers			. ☐ Change ☐ Ad	dition
NAME		3.2 NAME	1		
STREET ADORESS		3.3 STREE	T ADDRESS		
CITY-ST-ZIP		3.4. CITY-	ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Ad	ddition

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 changed or on an attention with an address, with all other like empowered.

4.2 NAME

5.1 TITLE 5.2 NAME

61 TITL€

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

DELETE

___ Change

☐ Change

Addition

Addition