

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 # P98000052859 1. Corporation Name C & S DENTAL ARTS, INC.					
Principal Place of Business 5569-B BOWDEN RD JACKSONVILLE FL 32216			Mailing Address 5569-B BOWDEN RD JACKSONVILLE FL 32216		

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SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/12/1998 4. FEI Number 59-3516580 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent BOSICO, CHRISTOPHER D 5569-B BOWDEN RD JACKSONVILLE FL 32216				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PSD	BOSICO, CHRISTOPHER D	☐ Change ☐ Addition	
3329 RANDELL ST		1.3 STREET ADDRESS	
JACKSONVILLE FL 32220		1.4 CITY-ST-ZIP	
☐ DELETE		2.1 TITLE	
T	SMITH, STEVEN F	☐ Change ☐ Addition	
4779 MYRTLEWOOD RD		2.2 NAME	
JACKSONVILLE FL 32210		2.3 STREET ADDRESS	
☐ DELETE		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		☐ Change ☐ Addition	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
☐ DELETE		4.1 TITLE	
		☐ Change ☐ Addition	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
☐ DELETE		5.1 TITLE	
		☐ Change ☐ Addition	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
☐ DELETE		6.1 TITLE	
		☐ Change ☐ Addition	
		6.2 NAME	
		6.3 STREET ADDRESS	
		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)(f), 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 attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/30/99 (904) 448-0006
Date Secretary Phone #

CP2E034 (1/98)