

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90051 017 ***150.00

DOCUMENT # P98000060071

1. Corporation Name

MARKETPLACE DENTAL OKEECHOBEE, P.A.



Principal Place of Business

1621 CARIBBEAN DR
SARASOTA FL 34231

Mailing Address

1621 CARIBBEAN DR
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1998

4. FEI Number

65-0847867

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 5114 Okeechobee Blvd

2a. Mailing Address

26 777 Yamato Rd.

Suite, Apt. #, etc.

22 Suite: 101

Suite, Apt. #, etc.

27 111

City & State

23 West Palm Beach, FL

City & State

28 Boca Raton, FL

Zip

24 33417

Country

25 U.S.A.

Zip

29 33431

Country

30 P.S.A.

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name Jared Woolf

82 Street Address (P.O. Box Number is Not Acceptable)

777 Yamato Rd.

83 Suite 111

84 City Boca Raton

FL

85 Zip Code 33431

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

Jared Woolf, Jared Woolf

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME QUICK, JAMES R
STREET ADDRESS 1250 MAYVIEW WAY
CITY-ST-ZIP WELLINGTON FL 33414

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D.
1.2 NAME Woolf, Jared
1.3 STREET ADDRESS 777 Yamato Rd. suite 111
1.4 CITY-ST-ZIP Boca Raton, FL 33431

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:

Jared Woolf, Jared Woolf

Date

Daytime Phone #

1/8/99 (561) 997-9005

CR2E034 (11/98)

0470594