

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 17, 1999 8:00 am
Secretary of State

03-17-1999 90125 001 ***150.00

DOCUMENT # P98000061863

1. Corporation Name

MICHELE M. SHEMS, DMD., PA.

Principal Place of Business

480 JEFFERSON DRIVE #203
DEERFIELD BEACH FL 33442

Mailing Address

480 JEFFERSON DRIVE #203
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1998

2. Principal Place of Business

21 329 GREYMON DR
Suite, Apt. #, etc.

2a. Mailing Address

26 329 GREYMON DR
Suite, Apt. #, etc.

4. FEI Number

65-0848668

Applied For

Not Applicable

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

23 City & State

WEST PALM BEACH FL

27 City & State

WEST PALM BEACH FL

24 Zip

33405

25 Country

USA

29 Zip

33405

30 Country

USA

9. Name and Address of Current Registered Agent

SHEMS, MICHELE
480 JEFFERSON DRIVE #203
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name MICHAEL M. SHEMS DMD PA

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

329 GREYMON DR

83

84 City WEST PALM BEACH FL

85 Zip Code 33405

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

MICHELE SHEMS MICHELE SHEMS

3/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SHEMS, MICHELE M
STREET ADDRESS 480 JEFFERSON DRIVE #203
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME SHEMS, MICHAEL M
1.3 STREET ADDRESS 329 GREYMON DR
1.4 CITY-ST-ZIP WEST PALM BEACH FL 33405

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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)(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:

MICHELE SHEMS MICHELE SHEMS

3/12/99

Date

561-832-4999

Daytime Phone #

CR2E034 (11/98)