## PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 07, 1999 8:00 am Secretary of State 05-07-1999 90138 035 \*\*\*150.00

DOCUMENT # P9800079608  1. Corporation Name THOMAS W. WILLIS, D.D.S., P.A.						2028/3 - 90000 - 2			
Principal Place	e of Business	Mailing Address				3 fill bill by tan edeter eberg mutet mute	BOSH BAHLI	'Sie land amu J	Tätät Jän saan
1205 N.W. 9TH AVE.  GAINESVILLE FL 32601  1205 N.W. 9TH AVE.  GAINESVILLE FL 32601						50 NOT WOT	- IN THE	CDACE	
						DO NOT WRITE	IN THIS	SPACE	
		<i>i</i>				3. Date Incorporated or Qualified 09/08/1998		<del></del>	<u> </u>
2. Principal Place of Business		2a. Mailing Address			- 1	4. FEI Number		L	plied For
21 ,		26				J9-3J3851		\$8.75 A	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			}	5. Certificate of Status Desired		Fee Red	
22		City & State				6. Election Campaign Financing		\$5.00	<del></del>
City & State		<u> </u>			- 1	Trust Fund Contribution		Added to	• 1
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre	nt year Inta		
24	25	29 3		-		Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current					10. Name and Address of New Re	gistered A	gent	
				61 Nam					
WILLIS, THOMAS W				82 Street Ade		s (P.O. Box Number is Not Acceptat	ie)		
1205 N.W. 9TH AVE.		• <del>•</del>	i					_	
GAIN	NESVILLE FL 32601	MATE A	in	63					
		.# <b>\</b> \$2*. √	~·, }	84 City				85 Zip C	ode
	to the provisions of Sections 607.0502	<u> </u>	, · `		<u> </u>		FL	1	
office or n agent. I a SIGNATURE	egistered agent, or both, in the State of in familiar with, and accept the obligation Signature, typed or printed name of registered agent	ons of, Section 607.0505, Florid and title if applicable, 3 (NOTE: R	la Stat.	des.	<b>JURION</b>	then reheating)  ADDITIONS/CHANGES TO OFF	DATE		
12.	OFFICERS AND	DELETE	1.1 111	LE	<del>-1</del>	ADDITIONS OF THE PARTY OF THE P		Change	Addition
TITLE NAME	D WILLIS, THOMAS W		12 NA	-					
	1205 N.W. 9TH AVE.	•		REET ADORES	s				
STREET ADDRESS	GAINESVILLE FL 32601	•		ry-st-zip	]				
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STREET ADDRESS	(	•• •	ı	REET ADORES	\$				Į
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HAME				TREET ADDRES					
STREET ADDRESS	ì	~ <b>*</b>		ree reeres	]				[
CITY-ST-ZIP			44.00						
mle :		☐ DELETE	4.4 CT	r.E	1			Change	Addition
TITLE		☐ DELETE	_					Change	Addition
TITLE NAME STREET ADDRESS		<u>4</u>	5.1 TT 6.2 NA		8			Change	Addition
NAME		2.	5.1 TTI 6.2 NA 5.3 ST 5.4 CTI	ME Reet addres IY-ST-ZIP	8				
NAME STREET ADDRESS		<u>4</u>	5.1 TH 6.2 NA 5.3 ST 5.4 CH	ME REET ADDRES IY-ST-ZIP ILE		· ***		☐ Change	Addition
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MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	certify that the information supplied with	DELETE A	5.1 TH 6.2 NA 5.3 ST 5.4 CH 6.1 TH 6.2 NA 6.3 ST 6.4 CH	ME REET ADDRES IY-ST-ZIP ILE ME REET ADDRES IY-ST-ZIP	S .	· /	urther next	Change	Addition

execute this report as required by Chapter #07, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or on an attached