Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90062 019 \*\*\*150.00

## 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 # P98000088484

	ORTHODONTICS, P.A.				
Principal Place of Business Mailing Address					
2001 MERCY DRIVE #200 2001 MERCY DRIVE #200					
ORLANDO FL 32808		ORLANDO FL 32808			DO NOT WRITE IN THIS SPACE
					3, Date Incorporated or Qualifed 10/15/1998
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21 26		26	j		59-3545217 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired Fee Required
22 27					Too required
City & State City & State					6. Election Campaign Financing \$5.00 May Be Added to Fees
23					Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible
Zip					Personal Property Tax.
24	25	29 30	<del></del> _		10. Name and Address of New Registered Agent
Name and Address of Current Registered Agent			81	Name	10. 11.
DENSON, JERRY M					
2001 MERCY DRIVE #200			82	Street	Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32808			83	-	
0110-1400 1 E 02000					
			84	City	FL 85 Zip Code
11. Pursuant office or reagent. I as	n familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes	<b>3.</b>	corporation submits this statement for the purpose of changing its registered to ration's board of directors. I hereby accept the appointment as registered required when reinstating)  DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Neglistered			13.	and signature ,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	El perette		1.1 TITLE		Change Addition
TITLE	DENCON JEDDY M		1.2 NAME		
NAME	DENSON, JERRY M 2001 MERCY DRIVE #200		1.3 STREET AD		
STREET ADDRESS	ADDRESS ZOOT MILITOT DITAL #200		1.4 CITY-S		
CITY-ST-ZIP	UNLANDO FL 32000	☐ DELETE	2.1 TITLE	, 1 - LII	Change Addition
TITLE		<del></del>	2.2 NAME		
NAME			2.3 STREE	T ADDRESS	÷ · · ·
STREET ADDRESS			2. 4 CITY-	ST-ZIP	
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STRES	T ADDRESS	3
1			3.4. CITY-	ST-ZIP	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STRE	T ADDRESS	
CITY-ST-ZIP	B.444		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	1	Change Addition
NAME			5.2 NAME		· ·
CTOPET ADODESC			5.3 STRE	ET ADDRESS	s

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 of 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE** 

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change

☐ Addition