PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000101079

Corporation Name

RONALD E. MYERS, D.D.S., P.A.

Principal Place	e of Business		Mailing Address							
7135 MARINER BLVD.			7135 MARINER BLVD.							
SPRING HILL FL 34609			SPRING HILL FL 34609				DO NOT MUSICE IN THIS	CDACE		
							DO NOT WRITE IN THIS : 3. Date Incorporated or Qualifed	SPACE	_	1
							12/04/1998		i	l
2 Principal B	llace of Business		2a. Mailing Address			_	4. FEI Number	- I≯-Ar	oplied For	ĺ
2. Principal Place of Business			28				59-3551494		ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8:75	Additional	ļ
22			27				5. Certifcate of Status Desired	Fee Re	equired	
City & State			City & State				6. Election Campaign Financing	\$5.00	May Be	İ
23			28				Trust Fund Contribution	Added	to Fees	1
Zip	Cour	try	Zip	Cou	intry		8. This corporation owes the current year Inte		MCDL.	
24	25		29	30	,		Personal Property Tax.	☐ Yes	© 2440	ł
	9. Name and Add	ress of Current R	egistered Agent		81	Name	10. Name and Address of New Registered	(gent		ł
NESS	SLER, PAUL H JR.				\ <u>`</u>					1
4052 COMMERCIAL WAY					82	Street Add	dress (P.O. Box Number is Not Acceptable)			ĺ
SPRING HILL FL 34606					83					ĺ
• • • • • • • • • • • • • • • • • • • •										1
					84	City	FL	85 Zip	Code	1
office or r	registered agent, or bo am familiar with, and ac	th, in the State of I scept the obligation	Florida, Such change was ns of, Section 607.0505, I	s authorized Florida Stati	i by utes.	the corporat	poration submits this statement for the purpose of cion's board of directors. I hereby accept the appoint of when reinstating)	tment as re	gistered	
12.		OFFICERS AND I		13.			ADDITIONS/CHANGES TO OFFICERS AN			1
TITLE	D		☐ DELETE	1.1 11	TLE			☐ Change	☐ Addition	:
NAME	MYERS, RONALD			1.2 N	ME					}
STREET ADDRESS	7135 MARINER BL			1.3 \$	TREET	ADDRESS	1			
CITY-ST-ZIP	SPRING HILL FL 3	4609	El perere		TY-51	T-ZIP	, , , , , , , , , , , , , , , , , , ,	Change	☐ Addition	1 8
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NAME	ļ			22 N						ļ
STREET ADDRESS						ADDRESS	الماسين مايالينيات			-
TITLE			☐ DELETE	3.1 TI		T-ZIP		Change	Addition	
NAME				3.2 N				_ `		ļ
STREET ADDRESS	,					TADORESS				Į
CITY-ST-ZIP	']			3.4. 0		İ				ļ
TITLE			☐ DELETE	4.1 TI				Change	Addition	1
NAME				4. 2 N	AME					
STREET ADDRESS	 			4.3 S	TREET	ADDRESS				\
CITY-ST-ZIP	1			4.4 C	TY-S	T-ZIP]
TITLE			☐ DELETE	5.1 TI				☐ Change	☐ Addition	1
NAME)		•	5.2 N						
STREET ADDRESS	;			- 1		ADDRESS				
CITY-ST-ZIP				5.4 C	TY-S	T-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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

C/TY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NA

☐ DELETE

35-25-96-4161

☐ Addition

☐ Change

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90149 031 ***150.00