

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S08927

(3)

1. Corporation Name

JAMES E. PANTEL, D.D.S., P.A.



Principal Place of Business

4956 LECHALET BLVD #17
BOYNTON BCH FL 33436

Mailing Address

4956 LECHALET BLVD #17
BOYNTON BCH FL 33436

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

PANTEL, JAMES E. D.D.S.
3784 NW 53RD ST
BOCA RATON FL 33496

3. Date Incorporated or Qualified

10/26/1990

3a. Date of Last Report

02/28/1995

4. FEI Number

65-0228174

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and by whom applicable

NOTE: Registered Agent signature must be typed or printed

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
PANTEL, JAMES E.
STREET ADDRESS
4956 LECHALET BLVD #17
CITY-STATE-ZIP
BOCA RATON FL

1.2 TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

407-364-7000

CR2E034 (12/95)