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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#	S08927
1. Corporation Name		000021

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



Mailing Address Principal Place of Business 4956 LECHALET BLVD #17 4956 LECHALET BLVD #17 **BOYNTON BCH FL 33436** BOYNTON BCH FL 33436 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/26/1990 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0228174 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired \Box Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip □Yes □No Personal Property Tax. 30 25 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PANTEL, JAMES E. D.D.S. Street Address (P.O. Box Number is Not Acceptable) 82 3784 NW 53RD ST **BOCA RATON FL 33496** 83 Zip Code 84 85 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1.1 TITLE TITLE PANTEL, JAMES E. 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 4956 LECHALET BLVD #17 **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE [] Change Addition 2.1 TITLE TITLE 2.2 NAME NAME

2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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:

CR2E034 (4.1/9R)