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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State . DIVISION OF CORPORATIONS

DOCUMENT # **S22449**

M.R. SARDUY, DDS & ASSOC, P.A.

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Principal Place	e of Business	Mailing Address			(IEBlitata (18 (1814 (18)) draft, dents en	il 81831 A1811 Arait arait atait i	iligii (Mai
4500 NW 7ST		4500 NW 7 ST.					
MIAMI FL 33126-2307		MIAMI FL 33126			DO NOT WRITE II	I THIS SPACE	
US	`*				3. Date Incorporated or Qualifed	11110 011102	
					12/18/1990		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied	For
21	idos el Basilloso	26			65-0231614	Not Ap	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Addi	ional
22		27			5. Certifcate of Status Desired	Fee Requir	ed
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May	
23		28			Trust Fund Contribution	· Added to Fe	es
Zip	Country	Zip	Coun	try	8. This corporation owes the current y	rear Intangible ☐ Yes ☐ I	
24	25		30		Personal Property Tax. 10. Name and Address of New Regis		
	9. Name and Address of Curro			31 Name	10. Name and Address of New Regis	stered Agent	
SARI	DUY, MANUEL R.	<i>i</i> , <i>P</i>				•	
4500) NW 7 ST.	Ž.	. [32 Street A	Address (P.O. Box Number is Not Acceptable)		
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				B4 City	*** * * * * * * * * * * * * * * * * *	FL 85 Zip Code	, , , ,
office or r	registered agent or both in the Stat	o of Florida. Such change was at	ITROFFEG	ov the corbo	corporation submits this statement for the purp tration's board of directors. I hereby accept the	ose of changing its registe e appointment as registe	stered ered
office or no agent. I a	registered agent, or both, in the Stat im familiar with, and accept the oblig Signature, typed or printed name of registered a	te of Florida. Such change was at gations of, Section 607.0505, Flor gent and title if applicable. (NOTE:	ida Statu Registered /	es.	ration's board of directors. I nereby accept the	ATE	
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14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90020 027 ***150.00