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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **S30148**

1. Corporation Name

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90099 022 ***150.00

DAVIS D	ENTAL, P.A.							
Principal Place	e of Business	Mailing Address						
327 PLAZA REA BOCA RATON F	AL SUITE 305	327 PLAZA REAL SUITE BOCA RATON FL 33432						
BOOK RATOR I	TE 00-02	BOOK RATOR TE SOUSE				DO NOT WRITE IN THIS SPACE		
				,		3. Date Incorporated or Qualifed 02/05/1991		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0236974		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		75 Additional
22	<u> </u>	_ 27				J. Controlled of Canada Basines		e.Required====
City & State	e	City & State				6. Election Campaign Financing		. 00 May Be
23		28				Trust Fund Contribution		ded to Fees
Zip	Country	Zip .		untry		8. This corporation owes the current year	ntangible ☐ Yes	□No
24	25	29	30	_		Personal Property Tax. 10. Name and Address of New Registere		- 5140
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registere	u Agent	
DAVI	IS, DEBORAH L							
	E ROYAL PALM ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	A RATON FL 33432			83				,
	,					·		
	•			84	City	F	85	Zip Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State or rn familiar with, and accept the obligati	of Florida. Such change wa ions of, Section 607.0505,	s authorize Florida Stat	d by ti	ne corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changin ointment a	ng its registered as registered
office or re agent. I an	egistered agent, or both, in the State or m familiar with, and accept the obligati	of Florida. Such change was ons of, Section 607.0505, and title if applicable.	s authorize Florida Stat OTE: Registere	d by ti	ne corporati	on's board of directors. I nereby accept the app	omunent	as registered
office or reagent. I as SIGNATURE	egistered agent, or both, in the State or m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	of Florida, Such change water of Section 607.0505, and title if applicable. ODIRECTORS	s authorize Florida Stat OTE: Registered 13.	d by ti lutes.	ne corporati	ion's board of directors. I hereby accept the app	omunent	CTORS IN 12
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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 suppliemental 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 of 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: