**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S45455

| JAN E. K  | (APLAN, D.D.S., P.A.  |   |   |  |  |                           |                          |   |             |                              |                           |  |
|---|---|---|---|--|--|---------------------------|--------------------------|---|-------------|------------------------------|---------------------------|--|
|   | (B)   | e e - Ilin e  | A dd  |  |  |                           |                          |   |             |                              |                           |  |
| Principal Place of Business Mailing Address           |   |   |   |  |  |                           |                          |   |             |                              |                           |  |
| 8801 COLLEGE PKWY FT MYERS FL 33919 FT MYERS FL 33919 |   |   |   |  |  |                           |                          |   |             |                              |                           |  |
| US US   |   |   |   |  |  |                           |                          | DO NOT WRITE IN THIS SPACE  |             |                              |                           |  |
| 00  |   | -   |   |  |  |                           | 3.                       | Date Incorporated or Qualifed   |             |                              |                           |  |
|   | •   |   |   |  |  |                           | Ì                        | 04/16/1991  |             | _                            |                           |  |
| 2. Principal Pi                                       | ace of Business   | 2a. Mail  | ing Address   |  |  |                           | 4.                       | FEI Number  |             | A                            | pplied For                |  |
| 21  | , ÷   | 26  | 26  |  |  |                           |                          | 65-0257053  |             | N                            | ot Applicable             |  |
| Suite, Apt.   | #, etc.   | Suite   | Suite, Apt. #, etc.   |  |  |                           |                          | Certificate of Status Desired   | î           |                              | Additional                |  |
| 22  |   | 27  | 27  |  |  |                           | 3.                       | Certificate of Status Desires   |             | Fee R                        | equired                   |  |
| City & State  | 9   | City  | City & State  |  |  |                           | 6.                       | Election Campaign Financing   | ٦           | \$5.00                       | May Be                    |  |
| 23  |   | 28  | 28  |  |  |                           |                          | Trust Fund Contribution   |             | Added                        | to Fees                   |  |
| Zip   | Country   | Zip   |   | Cou                                    | ntry   |                           | 8.                       | This corporation owes the current   |             |                              |                           |  |
| 24  | 25  | 29  |   | 30                                     |  |                           |                          | Personal Property Tax.  |             | ☐ Yes                        | ØNo                       |  |
|   | 9. Name and Address of Cui  | rent Registered   | Agent   |  |  |                           | 10.                      | Name and Address of New Regi  | stered A    | (gent                        |                           |  |
| ***   |   |   |   |  | 81   | Name                      |                          |   |             |                              |                           |  |
| KAPLAN, JAN   |   |   |   |  | 82 Street Address (P.O. Box Number is Not Ad       |                           |                          |   | <del></del> |                              |                           |  |
| 8801 COLLEGE PKWY                                     |   |   |   |  | OZ Street Address (F.O. DOX Hamber is Not Address) |                           |                          |   |             |                              |                           |  |
| FT M  | IYERS FL 33919  |   |   |  | 83   |                           |                          |   |             |                              |                           |  |
|   |   |   |   |  |  | City                      |                          |   |             | 85 Zip                       | Code                      |  |
|   |   |   |   |  | 84   |                           |                          |   | FL          |                              | ļ                         |  |
| 11. Pursuant office or ragent. I a                    | to the provisions of Sections 607,<br>egistered agent, or both, in the St<br>m familiar with, and accept the ob | 0502 and 607.15<br>ate of Florida. Su<br>ligations of, Sect | 608, Florida Statut<br>uch change was a<br>tion 607.0505, Flo | es, the a<br>outhorized<br>orida Stati | bove<br>by<br>utes                                 | e-named co<br>the corpora | orporation<br>ation's bo | n submits this statement for the purpoard of directors. I hereby accept the | pose of o   | changing its<br>itment as re | s registered<br>egistered |  |
| SIGNATURE   |   |   |   |  |  |                           |                          |   |             |                              |                           |  |
|   | Signature, typed or printed name of registered  |   |   |  | Ager   | nt signature requ         |                          |   | DATE        | O DIDEOT                     | ODC IN 42                 |  |
| 12.   |   | AND DIRECTO   |   | 13.                                    |  |                           |                          | ADDITIONS/CHANGES TO OFFICE   | EKS AIN     | Change                       |                           |  |
| TITLE   | D   |   | ☐ DELETE  | 1.1 777                                |  |                           |                          |   |             | □ Citalige                   | L Addition                |  |
| NAME  | KAPLAN JAN E DDS  |   |   | 1.2 N                                  | ME   | )                         |                          |   |             |                              | 1                         |  |
| STREET ADDRESS  | 8801 COLLEGE PKWY   |   |   |  |  | .3 STREET ADDRESS         |                          |   |             |                              |                           |  |
| CITY-ST-ZIP   | FT MYERS FL 33919   |   |   | 1,4 CITY-                              |  | T-ZIP                     |                          |   |             |                              |                           |  |
| TILE  | ☐ DELETE  |   | 2.1 TI  | 2.1 TITLE                              |  |                           |                          |   | ☐ Change    | Addition                     |                           |  |
| NAME  |   |   |   | 2.2 N                                  | AME  | 1                         |                          |   |             |                              | ļ                         |  |
| STREET ADDRESS  |   | _   |   | 2.3 \$1                                | TREE   | TADDRESS                  | :                        |   |             | ·                            |                           |  |
| CITY-ST-ZIP   |   |   |   | 2.4 C                                  | ITY-S  | ST-ZIP                    |                          |   |             |                              |                           |  |
| TITLE   |   |   | ☐ DELETE  | 3.1 TI                                 | TLE  | ·                         |                          |   |             | ☐ Change                     | ☐ Addition                |  |
| NAME  |   |   |   | 3.2 N                                  | AME  |                           |                          |   |             |                              |                           |  |
| STREET ADDRESS  |   |   |   | 3.3 \$1                                | REE  | TADORESS                  |                          | •   |             |                              |                           |  |
| CITY-ST-ZIP   |   | _   |   | 3.4_C                                  | ITY-S  | ST-ZIP                    |                          |   |             |                              |                           |  |
| TITLE   |   |   | ☐ DELETE  | 4.1 TI                                 | TLE  |                           |                          |   |             | ☐ Change                     | ☐ Addition                |  |
| NAME  |   |   |   | 4,2N                                   | IAME   |                           |                          | •   |             |                              |                           |  |
| STREET ADDRESS  |   |   |   | 4.3 ST                                 | TREE   | TADDRESS                  |                          |   |             |                              |                           |  |
| CITY-ST-ZIP   |   |   |   | 4.4 CI                                 | TY-S   | T-ZIP                     |                          |   |             |                              |                           |  |
| TITLE   |   |   | ☐ DELETE  | 5.1 TI                                 |  | 1                         |                          |   |             | ☐ Change                     | Addition                  |  |
| NAME  |   |   |   | 5.2 N                                  | AME  |                           |                          |   |             |                              | 1                         |  |
| STREET ADDRESS  |   |   |   | 5.3 \$1                                | TREE   | T ADDRESS                 |                          |   |             |                              |                           |  |
| CITY-ST-ZIP   |   |   |   | 5.4 CI                                 | TY-S   | T-ZIP                     |                          |   |             |                              |                           |  |
| TITLE   |   |   | DELETE  | 6 1 TI                                 | TLE  | +                         |                          |   |             | Change                       | ☐ Addition                |  |
| NAME  |   |   |   | 6.2 N                                  | AME  | .                         |                          |   |             |                              | į                         |  |

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 appear with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90156 012 \*\*\*150.00