FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # CEOZEA

1. Corporation DR. ERIC	C J. SUNDERMAN, DDS, F	•						
Principal Place	of Business	Mailing Address			,			
407 WEKIVA SP	PRINGS ROAD	407 WEKIVA SPRINGS ROAD)					
SUITE 123 LONGWOOD FL 32779 LONGWOOD FL 32779					DO NOT WRITE IN THIS SPACE			
LUNGWOOD FL		Editoridad TE SELVA			3. Date Incorporated or Qui 05/03/1991	alifed		
S. Driveinel Bl	ace of Business	2a. Mailing Address		· ·	4. FEI Number		Apr	lied For
2. Fillicipal Fil	ace of Dusiness	26			59-3065277			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desi	red 🗀	\$8.75 A	1
22		27			FI II O			·
City & State	е	City & State			Election Campaign Finar Trust Fund Contribution		\$5.00 Added to	
Zip	Country	Zip	Country 30		This corporation owes the Personal Property Tax.	e current year in		□No
24	25 9. Name and Address of Curro		*		10. Name and Address of	New Registered	Agent	
	9. Name and Address of Curr	%	81	Name				~
SUNI	DERMAN, ERIC J.	71 F	82	Street Addr	ress (P.O. Box Number is Not A	cceptable)		
407 WEKIVA SPRINGS ROAD SUITE 123 LONGWOOD FL 32779		·		0 0 0 0 0 0 0 0 0 0				
		8:						
LUN	GWOOD FL 32119		84	City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Star	502 and 607 1508, Florida Statute	s, the above	-named corp	oration submits this statement f	or the nurnose of	f changing its sintment as reg	registered gistered
agent I a	m familiar with, and accept the obli	nations of Section 607.0505. Flori	da Statutes		• • • • • • • • • • • • • • • • • • • •	•		
		92.00.00	da Olalaidos.					}
SIGNATURE	Signature, typed or printed name of registered a				d when reinstating)	DATE		
	Signature, typed or printed name of registered a				d when reinstating) ADDITIONS/CHANGES 1			RS IN 12
SIGNATURE 12. TITLE		gent and title if applicable. (NOTE: F	Registered Agent		d when reinstating) ADDITIONS/CHANGES 1		ND DIRECTO	
12.	OFFICERS /	gent and title if applicable. (NOTE: F	Registered Agent		d when reinstating) ADDITIONS/CHANGES T			RS IN 12
12.	OFFICERS / DP SUNDERMAN, ERIC J. 3799 BISCAYNE DR	gent and title if applicable. (NOTE: F	13.	signature require	d when reinstating) ADDITIONS/CHANGES T			RS IN 12
12. TITLE NAME	OFFICERS A DP SUNDERMAN, ERIC J.	agent and title if applicable. (NOTE: I AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	signature require	d when reinstating) ADDITIONS/CHANGES T		☐ Change	RS IN 12
12. TITLE NAME STREET ADDRESS	OFFICERS / DP SUNDERMAN, ERIC J. 3799 BISCAYNE DR	gent and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET	signature require	d when reinstating) ADDITIONS/CHANGES T			RS IN 12
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CITY-ST-ZIP 14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90016 001 ***150.00