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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S86022

(8)

FILED May 05 1998 8:00am Secretary of State

	IORRIS, D.M.D., P.A.								
Principal Place of Business Mailing Address					,	1 10 8(1818 181 19118 81(1) 88(18 1) 81	• (IR) \$18() \$ 14)	1 0 1014 VIDIR 0101	II GIDII 1881
1240-65TH STREET NORTH ST. PETERSBURG FL 33710		1240-66TH STREET NORTH ST. PETERSBURG FL 33710			DO NOT WR	ITE IN THIS	SPACE		
						3. Date Incorporated or Qualifie	ıd		
						10/08/1991			
2. Principal F	Place of Business	2a. Mailing Ad	ddress			4. FEI Number		Ár	oplied For
21		26				59-3091185		No	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt	#, etc.			5. Certificate of Status Desired			Additional equired
22 City & Stat	te	City & Sta	ate	•		e Floation Compaign Financing			· ·
23	•	28				 Election Campaign Financing Trust Fund Contribution 	,		May Be to Fees
Zip	Country	Zip		Country	,	8. This corporation owes or has	paid the cu		
24	25	29	3	0		Personal Property Tax due Ju			Νο
	g, Name and Address of Curre	nt Registered Ager	nt		,	10. Name and Address of New	Registered	Agent	
	DRRIS, MICHAEL T.			81	Name				
1240- 6 6TH STREET NORTH ST. P ET ERSBURG FL 33710					Street Add	ress (P.O. Box Number is Not Acceptable)			
31	FIRMODONA IC 901 IV			83		Name			
				84	City			85 Zip	Code
					<u> </u>		FL	•.	
office or a agent. La	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	oz and 607,1508, FI of Florida. Such ch lations of, Section 6	iorida Statutes hange was aut	, the above thorized by	e-named corp the corpora	poration submits this statement for the tion's board of directors. I hereby ac	e purpose o cept the app	if changing it pointment as	ts registered registered
_			oz.usus, rioni	oa Statutes	S.				
SIGNATURE	Signature to seed or provided proposed to active department								
SIGNATURE	Signature, typed or printed hance of registered age	ont and tale it applicable		Registered Age		iroo when reinstating)	DATE		
		on and blod applicable					DATE		
SIGNATURE		on and blod applicable	(NOTE F	Registered Age		iroo when reinstating)	DATE	D DIRECTOR	RS IN 12
SIGNATURE 12.	OFFICERS AN	on and blod applicable	(NOTE F	Registered Age	ent signature requi	iroo when reinstating)	DATE	D DIRECTOR	RS 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 symplemental 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 in the receiver of 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 you an attachment with an address.

OLONATURE.

MICHAEL I. NORRIS

agr 28,1998

813-345-675