

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

**FILED**  
**Feb 11, 1999 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-11-1999 90064 026 \*\*\*\*150.00

**DOCUMENT # S94511**

1. Corporation Name  
**HUGO RUIZ, D.D.S., P.A.**



Principal Place of Business  
 2632 WEST HILLSBOROUGH AVENUE  
 TAMPA FL 33607

Mailing Address  
 2632 WEST HILLSBOROUGH AVENUE  
 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/18/1991**

4. FEI Number  
**59-3094219** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ]

2a. Mailing Address

26 [ ] 27 [ ] 28 [ ] 29 [ ] 30 [ ]

9. Name and Address of Current Registered Agent

**RUIZ, HUGO**  
**2632 WEST HILLSBOROUGH AVE.**  
**TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 [ ]  
 84 City  
 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE [ ] DELETE

NAME **PST RUIZ, HUGO**

STREET ADDRESS **2632 W. HILLSBOROUGH AVE**

CITY-ST-ZIP **TAMPA FL**

TITLE [ ] DELETE

NAME **D RUIZ, HUGO**

STREET ADDRESS **2632 W. HILLSBOROUGH AVE**

CITY-ST-ZIP **TAMPA FL**

TITLE [ ] DELETE

NAME [ ]

STREET ADDRESS [ ]

CITY-ST-ZIP [ ]

TITLE [ ] DELETE

NAME [ ]

STREET ADDRESS [ ]

CITY-ST-ZIP [ ]

TITLE [ ] DELETE

NAME [ ]

STREET ADDRESS [ ]

CITY-ST-ZIP [ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition

1.2 NAME [ ]

1.3 STREET ADDRESS [ ]

1.4 CITY-ST-ZIP [ ]

2.1 TITLE [ ] Change [ ] Addition

2.2 NAME [ ]

2.3 STREET ADDRESS [ ]

2.4 CITY-ST-ZIP [ ]

3.1 TITLE [ ] Change [ ] Addition

3.2 NAME [ ]

3.3 STREET ADDRESS [ ]

3.4 CITY-ST-ZIP [ ]

4.1 TITLE [ ] Change [ ] Addition

4.2 NAME [ ]

4.3 STREET ADDRESS [ ]

4.4 CITY-ST-ZIP [ ]

5.1 TITLE [ ] Change [ ] Addition

5.2 NAME [ ]

5.3 STREET ADDRESS [ ]

5.4 CITY-ST-ZIP [ ]

6.1 TITLE [ ] Change [ ] Addition

6.2 NAME [ ]

6.3 STREET ADDRESS [ ]

6.4 CITY-ST-ZIP [ ]

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 attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/22/99 83-873-0271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)