

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **V07275**

Corporation Name
CHRISTINA M. MARTIN, D.D.S., M.S., P.A.

Principal Place of Business
**13 W. HILLSBOROUGH AVE #110
TAMPA FL 33615**

Mailing Address
**8313 W. HILLSBOROUGH AVE #110
TAMPA FL 33615**

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90007 024 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
13 W. HILLSBOROUGH AVE #110 TAMPA FL 33615		8313 W. HILLSBOROUGH AVE #110 TAMPA FL 33615		01/08/1992	
Suite, Apt. #, etc. #110		Suite, Apt. #, etc. #110		4. FEI Number	
City & State		City & State		59-3105977	
Zip 25		Zip 29		Applied For	
Country		Country		Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
MARTIN, CHRISTINA M. 8313 W HILLSBOROUGH AVE #110 TAMPA FL 33615		81 Name		<input type="checkbox"/> \$8.75 Additional Fee Required	
		82 Street Address (P.O. Box Number is Not Acceptable)		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		83		6. Election Campaign Financing Trust Fund Contribution	
		84 City		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		85 Zip Code		8. This corporation owes the current year Intangible Personal Property.	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/5/99

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	2. ADDRESS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	2. ADDRESS	1.2 NAME	
1. NAME	2. ADDRESS	1.3 STREET ADDRESS	
1. NAME	2. ADDRESS	1.4 CITY-ST-ZIP	
1. NAME	2. ADDRESS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	2. ADDRESS	2.2 NAME	
1. NAME	2. ADDRESS	2.3 STREET ADDRESS	
1. NAME	2. ADDRESS	2.4 CITY-ST-ZIP	
1. NAME	2. ADDRESS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	2. ADDRESS	3.2 NAME	
1. NAME	2. ADDRESS	3.3 STREET ADDRESS	
1. NAME	2. ADDRESS	3.4 CITY-ST-ZIP	
1. NAME	2. ADDRESS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	2. ADDRESS	4.2 NAME	
1. NAME	2. ADDRESS	4.3 STREET ADDRESS	
1. NAME	2. ADDRESS	4.4 CITY-ST-ZIP	
1. NAME	2. ADDRESS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	2. ADDRESS	5.2 NAME	
1. NAME	2. ADDRESS	5.3 STREET ADDRESS	
1. NAME	2. ADDRESS	5.4 CITY-ST-ZIP	
1. NAME	2. ADDRESS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	2. ADDRESS	6.2 NAME	
1. NAME	2. ADDRESS	6.3 STREET ADDRESS	
1. NAME	2. ADDRESS	6.4 CITY-ST-ZIP	

I, 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.

SIGNATURE:

SIGNATURE REQUIRED

7/5/99

813/814-0332

CR2E034 (5/99)

CHRISTINA M. MARTIN, D.D.S., M.S.
ORTHODONTICS
CHILDREN AND ADULTS

V07275
587046-90007-24

To Whom it May Concern:

I did not receive the original
form so never knew I had to file it!
Another corporation in my building did
not receive it either, I will make
a note next year by February to
check on this so it does not happen
again

Thank you.

Christ Martin

