

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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90011 004 \*\*\*150.00

RI 02/25/99

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # V25563**

1. Corporation Name  
**KRISTIN C. KALWARA, D.D.S., P.A.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**941 GREENSWARD LANE  
 DELRAY BEACH FL 33445  
 US**

Mailing Address  
**941 GREENSWARD LANE  
 DELRAY BEACH FL 33445  
 US**

3. Date Incorporated or Qualified  
**04/01/1992**

4. FEI Number  
**65-0330103**

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 Highland Lakes Dental**

2a. Mailing Address  
**26 33239 Ryan Dr,**

Suite, Apt. #, etc.  
**27 26**

City & State  
**28 Leesburg, FL**

Zip Country  
**24 34748 25 USA 29 34788 30 USA**

**9. Name and Address of Current Registered Agent**

**KALWARA, KRISTIN C. DDS  
 941 GREENSWARD LANE  
 DELRAY BEACH FL 33445**

**10. Name and Address of New Registered Agent**

81 Name **Kristin C. Kalwara DDS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**33239 Ryan Dr., #26**

83

84 City **Leesburg** **FL** 85 Zip Code **34788**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE
NAME	<b>KALWARA, KRISTIN C</b>	
STREET ADDRESS	<b>4801 LINTON BLVD. #8-A</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33495</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>33239 Ryan Dr., #26</b>
1.4 CITY-ST-ZIP	<b>Leesburg, FL 34788</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Kristin C. Kalwara, DDS Kristin C. Kalwara DDS 1-18-99 352-326-4404

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

CR2E034 (11/98)