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PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **492722** **(4)**

1. Corporate Name

C.D. LINDAHL, D.D.S, P. A.

Principal Place of Business
399 TEQUESTA DR., SUITE 103
TEQUESTA FL 33469

Mailing Address
399 TEQUESTA DR., SUITE 103
TEQUESTA FL 33469

3. Date Incorporated or Qualified: **12/09/1975**
3a. Date of Last Report: **01/13/1995**
4. FEI Number: **59-1645498** [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21 Street Address
22 City, State
23 Zip 24 County 25

2a. Mailing Address
26 Street Address
27 City, State
28 Zip 29 County 30

9. Name and Address of Current Registered Agent

LINDAHL, C.D., D.D.S.
399 TEQUESTA DR., SUITE 103
TEQUESTA FL 33469

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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

12. OFFICERS AND DIRECTORS

PD
LINDAHL, C D
352 RIVER DRIVE
TEQUESTA FL

[ ] DELETE
[ ] DELETE
[ ] DELETE
[ ] DELETE
[ ] DELETE
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is accurate, complete and current, and does not omit any fact required to be included in this report pursuant to Section 119.07(3)(k), Florida Statutes. I further certify that the information contained in this report or supplement thereto constitutes a complete and true copy, 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 in accordance with the current records of the Department of State.

SIGNATURE: C D Lindahl C D LINDAHL 1-16-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
407 746 7600

CR2E034 (12/95)