

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

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 552159 (6)**  
 1. Corporation Name  
**CITRUS DENTAL ASSOCIATES, P.A.**



Principal Place of Business <b>314 SO. LINE AVENUE INVERNESS FL 34452</b>	Mailing Address <b>314 SO. LINE AVENUE INVERNESS FL 34452</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/30/1977</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-1778180</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CURTIN, LEO J 314 S LINE AVE INVERNESS FL 34452</b>				81. Name	85. Zip Code <b>FL</b>
				82. Street Address (P.O. Box Number Is Not Acceptable)	
				83.	
				84. City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>EDWIN HOLLAND</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWIN HOLLAND</b>	1.2 NAME	
STREET ADDRESS	<b>2916 S CIRCLE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	VD <b>DAVID MONIER</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVID MONIER</b>	2.2 NAME	
STREET ADDRESS	<b>99 VINE AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	2.4 CITY-ST-ZIP	
TITLE	SD <b>LEO CURTIN</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEO CURTIN</b>	3.2 NAME	
STREET ADDRESS	<b>1820 KIMBERLY LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* **Leo J. Curtin (sec)** 4-6-98 (352) 726-5854

CP2E034 (10/97)