

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam Secretary of State  
 DIVISION OF CORPORATIONS



FILED  
 Mar 31 1997 8:00am  
 CK Secretary of State

DOCUMENT # 561444 (1)  
 Corporation Name  
 C. MESSINA, D.D.S., P.A.



Place of Business  
 503 DELEON TAMPA, FL 33608  
 Mailing Address  
 643 Hudson Ave TAMPA, FL 33606

3. Date Incorporated or Qualified: 03/06/1978  
 3a. Date of Last Report: 01/26/1995  
 4. FEI Number: 59-1796276  
 Applied For Not Application  
 5. Certificate of Status Desired:  \$6.75 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

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Country  
 29  
 Zip  
 30  
 Country

9. Name and Address of Current Registered Agent  
 MESSINA, A. C., D.D.S.  
 503 DELEON  
 TAMPA FL 33608

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 88 Zip Code

I consent to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 607.0605, Florida Statutes.

SIGNATURE, HAND OR PRINTED NAME OF REGISTERED AGENT AND DATE (IF APPLICABLE)  
 NOTE: Registered Agent signature required when reappointing  
 DATE

OFFICERS AND DIRECTORS		19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PI MESSINA, A. C., D.D.S. 503 DELEON TAMPA FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S MESSINA, A. C., D.D.S. 503 DELEON TAMPA FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(4), 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: A.C. Messina, D.D.S. 1/17/96 (813) 253-0209  
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Phone #)  
A.C. Messina, D.D.S. 2/26/97

CR2E034 (12/95)

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