

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **583647** (3)

PALM BEACH PROSTHODONTICS, P.A.



Principal Office

2521 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33407

Alternate Office

2521 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33407

2. Principal Office	2a. Mailing Address
21 Street Address	26 State
22 City	27 City & State
23 County	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

KAY, HOWARD B., D. D. S.
2521 NORTH FLAGLER DRIVE
WEST PALM BEACH, FLORIDA 33407

3. Date Incorporated or Qualified 09/01/1978	3a. Date of Last Report 02/24/1995
4. FEI Number 59-1857489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing / Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
84 City	FL 85 Zip Code

11. I, the undersigned, the president or secretary of the corporation, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the above designated office 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 duly qualified under the provisions of the new Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
<p><input type="checkbox"/> PRESIDENT KAY, HOWARD B., D.D.S. 2504 EMBASSY DR. W. PALM BEACH FL ST</p> <p><input type="checkbox"/> DIRECTOR KEOUGH, BERNARD E., D.M.D. 85 ST. JAMES COURT PALM BCH GARDENS FL V</p> <p><input type="checkbox"/> DIRECTOR BLAKE, ROY C., III, DDS 1740 TUDOR ROAD JUNO ISLES FL V</p> <p><input type="checkbox"/> DIRECTOR SANTAMARINA, MIGUEL J DDS 3842 CLASSIC COURT WEST PALM BEACH FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

14. I hereby certify that the information furnished and does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information furnished is true and accurate and that my signature shall have the same legal effect as if made under oath. This information is given for the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Part 10 of this report as the registered agent of the corporation.

SIGNATURE *Howard B. Kay* 1/22/96 (407) 833-6676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (12/95)