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**Mar 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 583647 (3)

1. Corporation Name
PALM BEACH PROSTHODONTICS, P.A.



Principal Place of Business
**2521 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33407**

Mailing Address
**2521 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33407-5914**

3. Date Incorporated or Qualified
09/01/1978

3a. Date of Last Report
01/26/1996

| | | | |
|---------------------------------|-------------------------|--|--|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-1857489 | Applied For <input type="checkbox"/> Not Applicable |
| 22. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. City & State | 27. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | 28. Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25. Country | 29. Country | | |
| 30. Country | | | |

| | | | |
|---|--|--|-----------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| KAY, HOWARD B., D. D. S. 2521 NORTH FLAGLER DRIVE WEST PALM BEACH, FLORIDA 33407 | | 81. Name | |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83. | |
| | | 84. City | FL |

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAY, HOWARD B., D.D.S. | 1.2 NAME | |
| STREET ADDRESS | 2504 EMBASSY DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ST KEOUGH, BERNARD E., D.M.D. | 2.2 NAME | |
| STREET ADDRESS | 85 ST. JAMES COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH GARDENS FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | V BLAKE, ROY C., III, DDS | 3.2 NAME | |
| STREET ADDRESS | 1740 TUDOR ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUNO ISLES FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | V SANTAMARINA, MIGUEL J DDS | 4.2 NAME | |
| STREET ADDRESS | 3842 CLASSIC COURT | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 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 do 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 or changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ DAYTIME PHONE # _____

CP2E034 (9/96)