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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 583647

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/01/1978

4. FEI Number
59-1857489

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
 NAME **KAY, HOWARD B., D.D.S.**
 STREET ADDRESS **2504 EMBASSY DR.**
 CITY-ST-ZIP **W. PALM BEACH FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **ST** DELETE
 NAME **KEOUGH, BERNARD E.,D.M.D**
 STREET ADDRESS **85 ST. JAMES COURT**
 CITY-ST-ZIP **PALM BCH GARDENS FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **V** DELETE
 NAME **BLAKE, ROY C., III, DDS**
 STREET ADDRESS **1740 TUDOR ROAD**
 CITY-ST-ZIP **JUNO ISLES FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **V** DELETE
 NAME **SANTAMARINA, MIGUEL J DDS**
 STREET ADDRESS **3842 CLASSIC COURT**
 CITY-ST-ZIP **WEST PALM BEACH FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS **7498 RIDGEFIELD LANE**
 4.4 CITY-ST-ZIP **LAKE WORTH, FL. 33469 33469**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: *Miguel J. Santamarina* **MIGUEL J. SANTAMARINA** 561 833-6676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)