

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Feb 27 1996 8:00 am  
Secretary of State

DOCUMENT # **698203** (7)

1. Corporation Name  
**SHAH DENTAL SERVICES, P.A.**



Principal Place of Business  
**123 S. INDUSTRIAL DRIVE  
ORANGE CITY FL 32763**

Mailing Address  
**123 S. INDUSTRIAL DRIVE  
ORANGE CITY FL 32763  
US**

2. Principal Place of Business  
21 State, Apt. #, et.  
22 City & State  
23 Zip  
24 Country

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

3. Date Incorporated or Qualified **08/10/1981**

3a. Date of Last Report **04/21/1995**

4. FEI Number **59-2123701**

5. Certificate of Status Desired  **\$8.75 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

**9. Name and Address of Current Registered Agent**

**SHASHIKANT, SHAH  
123 S. INDUSTRIAL DRIVE  
ORANGE CITY FL 32763**

**10. Name and Address of New Registered Agent**

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 607.06(2) 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 607.06(5), Florida Statutes.

SIGNATURE

DATE

**12. OFFICERS AND DIRECTORS**

1:1 NAME: **ST SHAH, LATA**  DELETE  
1:2 STREET ADDRESS: **724 SILVERWOOD DR.**  
1:3 CITY, ST, ZIP: **LAKE MARY FL**  
1:4 TITLE: **PST**  DELETE  
2:1 NAME: **SHASHIKANT, SHAH**  DELETE  
2:2 STREET ADDRESS: **724 SILVERWOOD DR.**  
2:3 CITY, ST, ZIP: **LAKE MARY FL**  
3:1 NAME:  DELETE  
3:2 STREET ADDRESS:  DELETE  
4:1 NAME:  DELETE  
4:2 STREET ADDRESS:  DELETE  
5:1 NAME:  DELETE  
5:2 STREET ADDRESS:  DELETE  
6:1 NAME:  DELETE  
6:2 STREET ADDRESS:  DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1:1 TITLE  Change  Addition  
1:2 NAME  
1:3 STREET ADDRESS  
1:4 CITY, ST, ZIP  Change  Addition  
2:1 TITLE  Change  Addition  
2:2 NAME  
2:3 STREET ADDRESS  
2:4 CITY, ST, ZIP  Change  Addition  
3:1 TITLE  Change  Addition  
3:2 NAME  
3:3 STREET ADDRESS  
3:4 CITY, ST, ZIP  Change  Addition  
4:1 TITLE  Change  Addition  
4:2 NAME  
4:3 STREET ADDRESS  
4:4 CITY, ST, ZIP  Change  Addition  
5:1 TITLE  Change  Addition  
5:2 NAME  
5:3 STREET ADDRESS  
5:4 CITY, ST, ZIP  Change  Addition  
6:1 TITLE  Change  Addition  
6:2 NAME  
6:3 STREET ADDRESS  
6:4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation, 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 of this report, or on a document with an effective date.

SIGNATURE: *S. B. Shah*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 904-775-8737

CR2E034 (12/95)