

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F03247 (6)

1. Corporation Name
DAVID A. VAL, D.D.S., P.A.

FILED
95 APR 24 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**377 S. 23RD AVENUE
JACKSONVILLE FL 32202**

Mailing Address
**7000 SAWGRASS VILLAGE CIRCLE
PONTE VERDE BEACH FL 32082
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/27/1980** 3a. Date of Last Report **04/15/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 SAME AS MAILING ADDRESS		26		50-2035836		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STONEBURNER, GRESHAM 200 LAURA STREET JACKSONVILLE FL 32202				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 50 N. LAURA ST.			
				84 City JACKSONVILLE FL 85 Zip Code 32202			

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAIL, DAVID A	1.2 NAME	
STREET ADDRESS	7000 SAWGRASS VILLAGE CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VERDE BEACH FL 32082	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIM, BARRY M.	2.2 NAME	
STREET ADDRESS	7000 SAWGRASS VILLAGE CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VERDE BEACH FL 32082	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that this 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: David A. Val **DAVID A. VAIL** 1-15-94 804-273-4766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)