

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortharp Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H38366 (1)
 1. Corporation Name
J.D. KRASNE, D.D.S. & L.D. CRAIG, D.D.S., P.A.



Principal Place of Business 15834 N. DALE MABRY HWY TAMPA FL 33618-1645	Mailing Address 15834 N. DALE MABRY HWY TAMPA FL 33618-1645
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/16/1985	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
4. FEI Number 59-2521023		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		9. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent
CRAIG, L.D., JR., DDS
1931 W BRANDON BLVD.
BRANDON FL 33511
See change

10. Name and Address of New Registered Agent
 81 Name **Krasne, Jay D. DDS**
 82 Street Address (P.O. Box Number is Not Acceptable)
~~1204 Clendenning Drive~~
12208 Sneed Place
 83 City **Tampa** FL 85 Zip Code **33624**

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 *Jay D. Krasne DDS* DATE **4/3/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DV	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, L.D., JR., DDS	1.2 NAME
STREET ADDRESS	1931 W BRANDON BLVD.	1.3 STREET ADDRESS
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASNE, JAY D., DDS	2.2 NAME
STREET ADDRESS	1204 CLENDENNING DRIVE	2.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	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	<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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D Change Addition
KRASNE, JAY D., DDS
12208 Sneed Place
Tampa, FL 33624

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 as an attachment with an address.

SIGNATURE: *Jay D. Krasne DDS* DATE: **2/3/98** **8129685115**

CR2E034 (10/97)