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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # J10979 E DENTAL OF CLEARWATE	` '			## #### #### #### #### ####
Principal Place	e of Business	Mailing Address		1 1001/40 040) 41014 80/40 40/41 160/4 70/4 0/1	911 91911 91911 91811 B1911 1691
2045-D GULF TO BAY BLVD.		2045-D GULF TO BAY BLVD.			
SUITE 300		SUITE 300		DO NOT WRITE IN THIS	S SPACE
CLEARWATER FL 34625		CLEARWATER FL 34625		3. Date Incorporated or Qualified	JOINOL
				03/31/1986	ľ
2. Principal Place of Business		2a. Mailing Address	1 6 1	4 FEI Number	Applied For
21		26 6600 5.60	itor Creek	13 13 · 59-2729232	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		(27)			Fee Required
City & State		28 50 rasota	1-1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	710- 1- 11	Country _	This corporation owes or has paid the corporation of the corporat	Added to Fees
24	25	29 3424/ S	a USA	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current			10. Name and Address of New Registered	
GR	EGORY, WILLIAM P.		81 Name		
715 SWANN AVE.			82 Street A	Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 33606			On Cott	rodicas (1.50. Box Mainbor to Mot Mocophable)	
			83		
			84 City		85 Zip Code
				Fi	<u>L</u>
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State (m familiar with, and accopt the obliga	of Florida. Such change was au	thorized by the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered opointment as registered
SIGNATURE					
	Signature, typed or pointed harse of registers 1 agen		Flegistereo Agent signatiza		
TITLE	OFFICERS AND	DIRECTORS DILE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	NDIDIRECTORS IN 12
NAME	BORCHERS, JOHN M.	C VICE	1.2 NAME		
STREET ADDRESS	1608 S TUTTLE AVE		13 STHEET ADDRESS	4600 S. bater Lines	k Blod.
CITY-ST-ZIP	SARASOTA FL		1.4 CHY-ST-ZIP	Samonto El	วั น วน /
TITLE		DOLFTE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		L prific	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			•		l l

14. Thereby certify that the information supplied with this filing of indicated on this annual report of supplement annual reportifier or director of the department of the department of the department of the Block 12 or Block 13 if changed or or programment with a not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

May 06 1998 8:00am

Secretary of State