

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J22025** (7)
1. Corporation Name
JOHN A. KIRST, D.D.S., P.A.



Principal Place of Business: **1525 W. COLONIAL DR. ORLANDO FL 32804 US**
Mailing Address: **1525 W. COLONIAL DR. 315 EAST ROBINSON STREET SUITE 600 ORLANDO FL 32801 US**

2. Principal Place of Business: 21 Site, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Sub. Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **06/27/1986**
3a. Date of Last Report: **02/10/1995**
4. FEI Number: **59-2708286**
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

g. Name and Address of Current Registered Agent: **SHUFFIELD, W. CHARLES 315 EAST ROBINSON STREET SUITE 600 ORLANDO FL 32801**
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|---|
| 12.1 NAME: PDS KIRST, JOHN A. 2026 SIESTA LANE ORLANDO FL | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.2 NAME | <input type="checkbox"/> DELETE | 1.2 NAME | |
| 12.3 STREET ADDRESS | | 1.3 STREET ADDRESS | |
| 12.4 CITY, ST, ZIP | | 1.4 CITY, ST, ZIP | |
| 12.5 NAME | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.6 NAME | | 2.2 NAME | |
| 12.7 STREET ADDRESS | | 2.3 STREET ADDRESS | |
| 12.8 CITY, ST, ZIP | | 2.4 CITY, ST, ZIP | |
| 12.9 NAME | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.10 NAME | | 3.2 NAME | |
| 12.11 STREET ADDRESS | | 3.3 STREET ADDRESS | |
| 12.12 CITY, ST, ZIP | | 3.4 CITY, ST, ZIP | |
| 12.13 NAME | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.14 NAME | | 4.2 NAME | |
| 12.15 STREET ADDRESS | | 4.3 STREET ADDRESS | |
| 12.16 CITY, ST, ZIP | | 4.4 CITY, ST, ZIP | |
| 12.17 NAME | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.18 NAME | | 5.2 NAME | |
| 12.19 STREET ADDRESS | | 5.3 STREET ADDRESS | |
| 12.20 CITY, ST, ZIP | | 5.4 CITY, ST, ZIP | |
| 12.21 NAME | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.22 NAME | | 6.2 NAME | |
| 12.23 STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 12.24 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 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, 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: *John A. Kirst D.D.S. P.A.* 2-15-96 407 841 9436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)