

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

FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
315 E ROBINSON STREET  
SUITE 600  
ORLANDO FL 32801-4308  
US



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 /o W.C. Shuffield

Suite, Apt. #, etc.

27 P.O. Box 3000

City & State

28 Orlando, FL

Zip

29 32802-3000

Country

30 US

3. Date Incorporated or Qualified

06/27/1986

3a. Date of Last Report

02/22/1996

4. FEI Number

59-2708286

Applied For

Not Applicable

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

SHUFFIELD, W. CHARLES  
315 EAST ROBINSON STREET  
SUITE 600  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

John A. Kirst, D.D.S.

82 Street Address (P.O. Box Number is Not Acceptable)

1525 W. Colonial Drive

83

84 City

Orlando

FL

85 Zip Code

32804

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

*John A. Kirst, D.D.S. PA*

1-21-97

Signature (print or type name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	BDS	<input type="checkbox"/> DELETE
NAME	KIRST, JOHN A.	
STREET ADDRESS	2026 SIESTA LANE	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE:

*John A. Kirst, D.D.S. PA* 1-21-97 407 841 9435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)