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May 09 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 # K89383 (9)

1. Corporation Name  
THEODORE J. GRELLNER, D.D.S., P.A.

Principal Place of Business

C/O AARON J. GOLD  
703 SWANN AVENUE  
TAMPA FL 33606-2729

Mailing Address

C/O AARON J. GOLD  
703 SWANN AVENUE  
TAMPA FL 33606-2729



3. Date Incorporated or Qualified 05/19/1989  
3a. Date of Last Report 04/12/1996

|                                |                     |                     |                     |                                                                                         |  |                                                                     |  |
|--------------------------------|---------------------|---------------------|---------------------|-----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 4. FEI Number                                                                           |  | Applied For                                                         |  |
| 21                             | 4700 N. Habana Ave. | 26                  | 4700 N. Habana Ave. | 59-2952990                                                                              |  | Not Applicable                                                      |  |
| Suite, Apt. #, etc.            |                     | Suite, Apt. #, etc. |                     | 5. Certificate of Status Desired                                                        |  | <input type="checkbox"/> \$8.75 Additional Fee Required             |  |
| 22                             | Suite 107           | 27                  | Suite 107           | 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                             | Tampa, FL           | 28                  | Tampa, FL           |                                                                                         |  |                                                                     |  |
| Zip                            | Country             | Zip                 | Country             |                                                                                         |  |                                                                     |  |
| 24                             | 33614 USA           | 29                  | 33614 USA           |                                                                                         |  |                                                                     |  |

9. Name and Address of Current Registered Agent

GOLD, AARON J.  
703 SWANN AVENUE  
TAMPA FL 33306

10. Name and Address of New Registered Agent

|    |                                                    |                     |    |
|----|----------------------------------------------------|---------------------|----|
| 81 | Name                                               | Aaron J. Gold       |    |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 704 West Bay Street |    |
| 83 |                                                    |                     |    |
| 84 | City                                               | Tampa               | FL |
| 85 | Zip Code                                           | 33606               |    |

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

1/8/97

DATE

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | DP <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GRELLNER, THEODORE J.              | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 4700 N HABANA AVENUE               | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | TAMPA FL                           | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE    | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                    | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                    | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE    | 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                      | <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                                   |                                                                   |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 813-874-7171  
Date Daytime Phone

CR2E034 (9/96)