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May 15 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 # **L75878** **(3)**

1. Corporation Name
WILLIAM G. AUGHTON, D.D.S., P.A.

Principal Place of Business	Mailing Address
~~10661 AIRPORT-PULLING ROAD~~ ~~SUITE 12~~ ~~NAPLES FL 33942~~ $30 90 Cypress Way East Naples FL 34110	~~10661 AIRPORT-PULLING ROAD~~ ~~SUITE 12~~ ~~NAPLES FL 34109-7310~~

2. Principal Place of Business	2a. Mailing Address
21 90 Cypress Way East	26 90 Cypress Way East
Suite, Apt. #, etc. 22 #30	Suite, Apt. #, etc. 27 #30
City & State 23 Naples FL	City & State 28 Naples FL
Zip 24 34110 Country 25 Collier	Zip 29 34110 Country 30 Collier

3. Date Incorporated or Qualified 05/24/1990	3a. Date of Last Report 03/21/1996
4. FEI Number 65-0194774	☐ 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	10. Name and Address of New Registered Agent
AUGHTON, WILLIAM G., DDS **~~10661 AIRPORT-PULLING ROAD~~** **~~SUITE 12~~** **NAPLES FL 33942**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 90 Cypress Way East 83 84 City Naples **FL** 85 Zip Code 34110

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 _____ DATE
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	PST	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	AUGHTON, WILLIAM G.		1.2 NAME		
STREET ADDRESS	~~10661 AIRPORT-PULLING RD~~		1.3 STREET ADDRESS	90 Cypress Way East	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	34110	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	AUGHTON, WILLIAM G.		2.2 NAME		
STREET ADDRESS	~~10661 AIRPORT-PULLING RD~~		2.3 STREET ADDRESS	90 Cypress Way East	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	34110	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ Wendy 04/26/1997