


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

FILED
Mar 18 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 # **L89856** (3)

1. Corporation Name
ACADEMY FOR DENTAL ASSISTANTS, INC.



Principal Place of Business Mailing Address

~~2005 U.S. HIGHWAY 19 NORTH~~
~~QUITEWOOD~~
~~CLEARWATER FL 34621~~
12024 U.S. Highway 19
Bayonet Point, FL 34667

~~2005 U.S. HIGHWAY 19 NORTH~~
~~QUITEWOOD~~
~~CLEARWATER FL 34621~~
12024 U.S. Highway 19
Bayonet Point, FL 34667

2. Principal Place of Business 2a. Mailing Address

21 **12024 U.S. Highway 19** 26 **12024 U.S. Highway 19**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 **Bayonet Point, FL** 28 **Bayonet Point, FL**
Zip Country Zip Country

24 **34667** 25 **U.S.A.** 29 **34667** 30 **U.S.A.**

3. Date Incorporated or Qualified **07/30/1990** 3a. Date of Last Report **04/16/1996**

4. FEI Number **59-3025057** 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

ELISA A. GREENBERG
29805 US HWY 19 N, #180
CLEARWATER FL 34621

81 Name

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

83

84 City

85 Zip Code **FL**

10. Name and Address of New Registered Agent

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 _____ (NOT: Registered Agent's signature required when retulating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREENBERG, LESTER B.	
STREET ADDRESS	29805 US HWY 19 N #180	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	GREENBERG, ELISA A.	
STREET ADDRESS	29805 US HWY 19 N #180	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREENBERG, MELISSA	
STREET ADDRESS	29805 US HWY 19, N, #180	
CITY-ST-ZIP	CLEARWATER FL	
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

1.1 TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Vicki L. Maurer	
1.3 STREET ADDRESS	12024 U.S. Highway 19	
1.4 CITY-ST-ZIP	Bayonet Point, FL 34667	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 _____ DATE _____

CR2E034 (9/96)