

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 21 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # M88252 (5)**

1. Corporation Name  
**THE VILLAGE DENTAL CARE, P.A.**



Principal Place of Business 4711 CURRY FORD ROAD SUITE A ORLANDO FL 32812 US	Mailing Address 4711 CURRY FORD ROAD SUITE A ORLANDO FL 32812 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 111 La Grande Blvd. Suite, Apt. #, etc. 22 City & State 23 Lady Lake FL Zip 24 32159 Country 25 USA	2a. Mailing Address 26 111 La Grande Blvd. Suite, Apt. #, etc. 27 City & State 28 Lady Lake FL Zip 29 32159 Country 30 USA
--	---

3. Date Incorporated or Qualified 06/23/1988	4. FEI Number 59-2896805	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

FARRELL, EDWARD J.  
 4711 CURRY FORD RD  
 SUITE A  
 ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name  
 Edward J. Farrell DMD  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 11862 SE 72nd Terrace Rd  
 83  
 84 City  
 Bellevue FL 85 Zip Code  
 34420

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FARRELL, EDWARD J.	
STREET ADDRESS	3517 CHERRYHILL DRIVE	
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

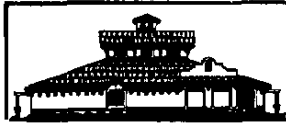
1.1 TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edward J. Farrell, DMD	
1.3 STREET ADDRESS	11862 SE 72nd Terrace Rd	
1.4 CITY-ST-ZIP	Bellevue FL 34420	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET 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		

400002593954  
 -07/21/98--01056--017  
 \*\*\*150.00

14. I 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: *Edward J. Farrell DMD* 7/7/98 352-753-7507

CR2E034 (5/98)



# THE VILLAGE DENTAL CARE

Page 2

July 7, 1998

Florida Department of State  
Division of Corporations  
Annual Reports Filing  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 1998 Corp. Annual Report Filing  
FEI #59-2896805

Dear Representative:

*I have received the Second Notice of the 1998 Profit Corporation Annual Report; however, I never received the initial notice. The Second Notice came with the correct Corporate Name, but an incorrect address (a former address). The only reason I received the Second Notice is because the subsequent tenant in our former location mailed it to me directly. It was my understanding that when the corporate name was changed from Edward J. Farrell, DMD, P.A. to The Village Dental Care, P.A. and the fictitious name The Village Dental Care was registered with the correct address of 111 La Grande Blvd., Lady Lake, FL, 32159, that the official records were updated for future correspondence. I have enclosed a copy of the application filed for the registration of the fictitious name for your reference. I can obtain a copy of the form filed to change the corporate name from my attorney who filed the papers if necessary.*

*After speaking to Tom at your office today, I have enclosed the Annual Report with the corrections made to the address and the normal filing fee of \$150.00 as he recommended. After reviewing the circumstances described above, I trust that the additional late fee of \$400.00 can be waived. In the many years I've done business in the state of Florida, I have never been delinquent in remitting the required Annual Report filing fee and certainly would have filed the necessary paperwork and remittance on time had I received it timely. Thank you in advance for your consideration in this matter.*

Best Regards,

Edward J. Farrell, DMD

Enclosure: Annual Report, copy of Application for Registration of Fictitious Name

EJF/st