

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF REVENUE  
Gordon B. Mcintosh  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
95 APR 21 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000006715 (4)**

1. Corporation Name  
**THE CHILDREN'S DENTAL ARCADE, P.A.**

Principal Place of Business Mailing Address  
**1250 MAYVIEW WAY WEST PALM BEACH FL 33414**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/26/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 **13857 Wellington Trace** 26 **13857 Wellington Trace**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 0-2** 27 **Suite 0-2**  
City & State City & State  
23 **West Palm Beach, Florida** 28 **West Palm Beach, Florida**  
ZIP Country ZIP Country  
24 **33414** 25 Country 29 **33414** 30 Country

4. FEI Number **65-0462433** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution   
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**

**BALDWIN, FLETCHER N III  
FLETCHER R. BALDWIN, P.A.  
301 CLEMATIS STREET, SUITE 200  
WEST PALM BEACH FL 33401**

81 Name **Quick, James R**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **1250 Mayview Way**  
84 City **Wellington** FL 85 Zip Code **33414**

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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 provisions of, Section 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or director if applicable

(#31E) Registered Agent Signature (required when registering)

**3-13-95**

DATE

**12. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **QUICK, JAMES R**  
STREET ADDRESS **1250 MAYVIEW WAY**  
CITY - ST - ZIP **WEST PALM BEACH FL 33414**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS **800001463198**  
14 CITY - ST - ZIP **-04/24/95--01053--005**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP **2002**

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS **4/21/95 MST**  
54 CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing has been truthfully furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplementary 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 a registered agent or transfer 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 addendum, with an address.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT OR OFFICER OR DIRECTOR

**3-13-95**

DATE

**(402) 795-1390**

TELEPHONE NUMBER