

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013095 (2)

1. Corporation Name

GENTAL DENTAL OF MANATEE, INC.



Principal Place of Business

3420 US HWY 301 E
ELLENTON FL 34222
US

Mailing Address

3420 US HWY 301 E
ELLENTON FL 34222
US

2. Principal Place of Business

21 3611 - 1st St. East

Suite, Apt. #, etc.

22 #650

City & State

23 Bradenton, FL

Zip

24 34208

Country

25 USA

2a. Mailing Address

26 3611 - 1st St. East

Suite, Apt. #, etc.

27 #650

City & State

28 Bradenton, FL

Zip

29 34208

Country

30 USA

9. Name and Address of Current Registered Agent

WILLIAM P. GREGORY, P.A.
715 SWANN AVENUE
TAMPA FL 33606

3. Date Incorporated or Qualified
02/14/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0475733

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0105, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name, Title, and Address)

Signature of Registered Agent (Print Name, Title, and Address)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME GREGORY, WILLIAM P
STREET ADDRESS 715 SWANN AVENUE
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ DELETE

P
NAME BORCHERS, JOHN M.
STREET ADDRESS 1608 S TUTTLE AVE.
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 by an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 941-365-9110

CR2E034 (12/95)