

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

FILED
Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000023549 (6)
 1. Corporation Name
NORTHWOOD DENTAL CARE, P.A.



Principal Place of Business 12080 ANDERSON RD TAMPA FL 33625 US	Mailing Address 12080 ANDERSON RD TAMPA FL 33625-5682 US
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 03/23/1994	3a. Date of Last Report 04/16/1996
4. FEI Number 59-3235778	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WEITH, WILLIAM 10802 WEST HILLSBOROUGH, #1806 TAMPA FL 33615	10. Name and Address of New Registered Agent 81. Name Weith, William 82. Street Address (P.O. Box Number is Not Acceptable) 5486 Friarsway Dr. 83. 84. City Tampa FL 85. Zip Code 33624
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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 D	<input type="checkbox"/> DELETE
NAME WEITH, WILLIAM	
STREET ADDRESS 10802 WEST HILLSBOROUGH, #1806	
CITY-ST-ZIP TAMPA FL 33615	
TITLE D	<input type="checkbox"/> DELETE
NAME WEITH, CAROL C	
STREET ADDRESS 10802 WEST HILLSBOROUGH, #1806	
CITY-ST-ZIP TAMPA FL 33615	
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 William Weith	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME 5486 Friarsway Dr.	
1.3 STREET ADDRESS Tampa, FL 33624	
1.4 CITY-ST-ZIP	
2.1 TITLE Carol Weith	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME 5486 Friarsway Dr.	
2.3 STREET ADDRESS Tampa, FL 33624	
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	

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: William Weith Date: 3-25-97 Daytime Phone #: 813-963-6648

CP2E034 (9/96)