

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

FILED

**Mar 05 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 # P94000040313 (6)

1. Corporation Name
DENTAL TECHNIQUE OF WEST FLORIDA, INC.



Principal Place of Business
**10923 70TH AVE N
SEMINOLE FL 34642
US**

Mailing Address
**10923 70TH AVE
SEMINOLE FL 33772-6306
US**

3. Date Incorporated or Qualified
05/25/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 10773 70TH AVE N	26 10773 70TH AVE N	59-3253142	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 SEMINOLE, FL	28 SEMINOLE, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 34642 25 US	29 34642 30 US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAGLI, NICHOLAS 10923 70TH AVE N SEMINOLE FL 34642		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	10773 70TH AVE N
		83	
		84 City	SEMINOLE FL
		85 Zip Code	34642

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGLI, NICHOLAS	1.2 NAME	
STREET ADDRESS	10923 70TH AVE N	1.3 STREET ADDRESS	10773 70TH AVE N
CITY - ST - ZIP	SEMINOLE FL	1.4 CITY - ST - ZIP	SEMINOLE, FL 34642
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGLI, SUSAN E	2.2 NAME	
STREET ADDRESS	10923 70TH AVE N	2.3 STREET ADDRESS	10773 70TH AVE N
CITY - ST - ZIP	SEMINOLE FL	2.4 CITY - ST - ZIP	SEMINOLE, FL 34642
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGLI, ANTHONY	3.2 NAME	
STREET ADDRESS	10923 70TH AVE N	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: _____ DATE: **1/25/97** DAYLINE PHONE #: **813-391-3737**

CR2E034 (9/96)