

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Nancy B. Workman  
Secretary of State

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS  
95 MAY - 1 AM 11:33

DOCUMENT # **P94000092299 (4)**

VALUE PLUS DENTURE CENTRES, P.A.

Principal Office of Corporation: 1343 MAIN STREET, 7TH FLOOR SARASOTA FL 34236  
Mailing Address: C/O 3400 S. TAMiami TRAIL SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

2. Principal Office of Corporation		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. State Apt. # etc.		25. State Apt. # etc.		12/19/1994	N/A
22. City & State		27. City & State		4. FEI Number	Applied for / Not Applicable
23. Zip		28. Zip		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Corporate		29. Corporate		6. Use of Corporate Seal	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Corporate		30. Corporate		9. The corporation has liability for attorneys' fees under § 1003.01(2) Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RIDDELL, JEFFERSON F 3400 S. TAMiami TRAIL SARASOTA FL 34239				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3	City		
				B4	FL	B5	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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*  
Signature of Registered Agent or Director of Corporation (Required) or Secretary of Corporation (Optional)

12. OFFICERS AND DIRECTORS		13. AGENTS	
TITLE	NAME	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Dr. Dennis A. Corona	2. NAME	
STREET ADDRESS	1343 Main St	3. STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL 34239	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, ST, ZIP		8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REMITTED BY MAIL

14. I do hereby certify that the information supplied with this filing is substantially true and does not equally for the exemptions stated in law here. I further certify that the information is based on the annual report or supplemental annual report, true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a, subject or recipient, followed with an address.

SIGNATURE: *[Signature]* DENNIS A. CORONA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR