

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

PROFIT CORPORATION ANNUAL REPORT: 1996



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

DOCUMENT # P94000092299 (4)
1. Corporation Name

VALUE PLUS DENTURE CENTER OF PORT RICHEY, P.A.



Principal Place of Business

Mailing Address

1343 MAIN STREET, 7TH FLOOR
SARASOTA FL 34236

C/O 3400 S. TAMiami TRAIL
SARASOTA FL 34239

3. Date Incorporated or Qualified 12/19/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0553711	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	

2. Principal Place of Business 21 3908 C S Tamiami Trl. 22 Suite, Apt. #, etc. 23 Sarasota, FL 24 Zip 34231 25 Country USA	2a. Mailing Address 26 1343 Main St. 27 7th Floor 28 Sarasota FL 29 Zip 34236 30 Country USA
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9. Name and Address of Current Registered Agent

RIDDELL, JEFFERSON F
3400 S. TAMiami TRAIL
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name **J. Kevin Drake PA**
82 Street Address (P.O. Box Number Not Acceptable) **1343 Main St. Suite 204**
83
84 City **Sarasota** FL 85 Zip Code **34236**

11. Pursuant to the provisions of Sections 607.0502 and 199.1506, 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]*

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CARONA, DR DENNIS	
STREET ADDRESS	1343 MAIN ST	
CITY-ST-ZIP	SRO FL	
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	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carona, Dr Dennis	
1.3 STREET ADDRESS	1343 Main St.	
1.4 CITY-ST-ZIP	Sarasota, FL 34236	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
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 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, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE (ALL TYPED OR PRINTED NAME OF SIGNIFICANT OFFICER OR DIRECTOR)
Date: **05/01/1995**

CR2E034 (12/95)