


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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90115 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000023225

1. Corporation Name
INNOVADENT, INC.

Principal Place of Business 7817 NATIONAL SERVICE ROAD #508 GREENSBORO NC 27409	Mailing Address 7817 NATIONAL SERVICE ROAD #508 GREENSBORO NC 27409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1421 S. Jetties Ct.	2a. Mailing Address 26 1421 S. Jetties Ct
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Mt. Pleasant, SC	28 City & State Mt. Pleasant, SC
24 Zip 29466	29 Zip 29466
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 03/10/1997	Applied For Not Applicable
4. FEI Number 65-0727192	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JASLOW, CRAIG A ESQ
9351 FONTAINEBLEAU BLVD.
SUITE B-307
MIAMI FL 33172

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	LANDRY, DAVID	
STREET ADDRESS	7817 NATIONAL SERVICE ROAD #508	
CITY-ST-ZIP	GREENSBORO NC 27409	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIBSON, FLOYD M	
STREET ADDRESS	POST OFFICE BOX 534	
CITY-ST-ZIP	WRIGHTSVILLE BEACH NC 28482	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	KELTON, DAVID W	
STREET ADDRESS	3613 SUMMERFORD DR	
CITY-ST-ZIP	MARIETTA GA 30022	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1421 South Jetties Court
1.4 CITY-ST-ZIP	Mt. Pleasant, SC 29466
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 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, with all other like empowered.

SIGNATURE: David B. Landry DATE: 1-16-99 DAYTIME PHONE #: 843. 849. 2947

CR2E034 (1/1/98)