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

PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT -1 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000024416**

1. Corporation Name
**LIGHTHOUSE POINT DENTAL GROUP, P.A.**

Principal Place of Business
~~7644 FENWICK PLACE~~
~~BOCA RATON FL 33496~~
2211 E. Sample Rd. #203
Lighthouse Point, FL 33064

Mailing Address 6883 Queenferry Circle
~~7644 FENWICK PLACE~~
BOCA RATON FL 33496 Boca Raton, FL 33496

2. Principal Place of Business
21 2211 E. SAMPLE RD.
Suite, Apt. #, etc.
22 SUITE 203
City & State
23 LIGHTHOUSE POINT, FL
Zip 24 33064 Country 25 USA

2a. Mailing Address
26 6883 QUEENFERRY CIR
Suite, Apt. #, etc.
27
City & State
28 BOCA RATON FL
Zip 29 33496 Country 30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
03/16/1998

4. FEI Number
65-0824560 [ ] Applied For [ ] Not Applicable

5. Certifcate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent
SOLOMON, STANFORD R
400 NORTH ASHLEY DR. STE. 3000
TAMPA FL 33602

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D [ ] DELETE
NAME FENDRICH, LAURENCE E
STREET ADDRESS ~~7644 FENWICK PLACE~~
CITY-ST-ZIP ~~BOCA RATON FL 33496~~

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D [X] Change [ ] Addition
12 NAME FENDRICH, LAURENCE E
13 STREET ADDRESS 6883 QUEENFERRY CIR
14 CITY-ST-ZIP BOCA RATON, FL 33496

21 TITLE [ ] Change [ ] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

100003008201--9
-10/07/99--01022--008
****550.00 ****550.00

31 TITLE [ ] Change [ ] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE [ ] Change [ ] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE [ ] Change [ ] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE [ ] Change [ ] Addition
62 NAME
63 STREET ADDRESS
64 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:** KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99
Date

561-218-0007
Daytime Phone #

CR2E034 (11/98)

0065491