

FILED

Abstract

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 19 1997 8:00am Secretary of State	
DOCUMENT # V00497		(0)		[Barcode]	
1. Corporation Name TMJ OF PINELLAS COUNTY, INC.		Principal Place of Business 8640 SEMINOLE BLVD. SEMINOLE FL 34642 US		Mailing Address 8640 SEMINOLE BLVD SEMINOLE FL 33772-3801 US	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1991	
21. State, Apt. #, etc.		26. 1335 South Fort Harrison Ave.		3a. Date of Last Report 04/02/1996	
22. City & State		27. Suite, Apt. #, etc.		4. FEI Number 59-3102895	
23. Zip		28. CLEARWATER, FLORIDA		Applied For Not Applicable	
25. Country		29. 34616		5. Certificate of Status Desired \$8.75 Additional Fee Required	
24. 25.		30. USA		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HOFSTRA, PETER T. SEMINOLE BLVD. SEMINOLE FL 34642		10. Name and Address of New Registered Agent		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
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.		81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
SIGNATURE		83.		84. City	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		85. Zip Code FL	
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition	
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition	
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Addition	
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition	
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition	
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Change Addition	
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: [Signature] 3/12/97 813-461-7733					