

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V14563** (3)

1. Corporation Name

IMPLANT & GENERAL DENTISTRY OF SARASOTA, P.A.



Principal Place of Business

**3920 BEE RIDGE ROAD
BUILDING E, SUITE C
SARASOTA FL 34233**

Mailing Address

**3920 BEE RIDGE ROAD
BUILDING E, SUITE C
SARASOTA FL 34233**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt., etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**CORONA, DENNIS A D.D.S.
3920 BEE RIDGE ROAD
BUILDING E, SUITE C
SARASOTA FL 34233**

26

1343 main St.

27

State, Apt., etc.

28

7th Floor

29

Sarasota

30

34236 Sarasota

3. Date Incorporated or Qualified

02/17/1992

3a. Date of Last Report

04/25/1995

4. FFI Number

59-3107097

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under s. 190.042,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

Kevin Drake, P.A.

82. Street Address (P.O. Box Number is Not Acceptable)

1343 main St.

83

Suite 204

84

Sarasota

FL

85

34236

11. Pursuant to the provisions of Sections 607.0702 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 607.1508, Florida Statutes.

SIGNATURE

[Signature]

Not a Registered Agent or Director of this Corporation

650

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**D
WOOLF, JARED
3920 BEE RIDGE RD
SARASOTA FL**

☒ DELETE

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