

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

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 4: 19

DOCUMENT # 465538 (7)

1. Corporation Name
PETERSON, MOORHOUSE, COTSONAS AND LUKE, D.D.S., P.A.

Principal Place of Business	Mailing Address
3472 FOREST HILL BOULEVARD STE 3 WEST PALM BEACH FL 33406 US	3472 FOREST HILL BOULEVARD STE 3 WEST PALM BEACH FL 33406 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/27/1974	3a. Date of Last Report 04/14/1994
4. FEI Number 59-1578569	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
22 City & State	2c. City & State
23 Zip Country	2d. Zip Country
24	25
26	27
28	29
30	

9. Name and Address of Current Registered Agent

**THOMPSON, M. LEE
2628 FOREST HILL BLVD.
W. PALM BEACH FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MOORHOUSE, LYNN J.
STREET ADDRESS	3472 FOREST HILL BLVD
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	PD
NAME	PETERSON, WILLIAM L.
STREET ADDRESS	3472 FOREST HILL BLVD
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	SD
NAME	COTSONAS, LILLI
STREET ADDRESS	3472 FOREST HILL BLVD
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	TD
NAME	LUKE, JANICE M.
STREET ADDRESS	3472 FOREST HILL BLVD
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 110.07(3)(b), 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 liquidator thereof and am 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 my address.

SIGNATURE: Janice M. Luke 1-24-95 407-965-6003
(Signature, typed or printed name of signing officer or director) (Date) (Telephone No.)