

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

**FILED**

**Mar 04 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 465538 (7) \*\* NOTE**  
1. Corporation Name **PETERSON, MOORHOUSE, COTSONAS AND LUKE, D.D.S., CHANGE TO: P.A. MOORHOUSE, COTSONAS AND LUKE, DDS, PA**  
**See attached IRS Notice**



Principal Place of Business: **3472 FOREST HILL BOULEVARD STE 3 WEST PALM BEACH FL 33406 US**  
Mailing Address: **3472 FOREST HILL BOULEVARD STE 3 WEST PALM BEACH FL 33406-5895 US**

3. Date Incorporated or Qualified: **11/27/1974**  
3a. Date of Last Report: **02/14/1996**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number <b>59-1579569</b>	Applied For	<input type="checkbox"/>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MOORHOUSE, LYNN J 3472 FOREST HILL BLVD SUITE 3 WEST PALM BEACH FL 33406</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MOORHOUSE, LYNN J.</b>			1.2 NAME			
STREET ADDRESS	<b>3472 FOREST HILL BLVD</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PETERSON, WILLIAM L.</b>			2.2 NAME			
STREET ADDRESS	<b>3472 FOREST HILL BLVD</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>COTSONAS, LILLI</b>			3.2 NAME			
STREET ADDRESS	<b>3472 FOREST HILL BLVD</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LUKE, JANICE M.</b>			4.2 NAME			
STREET ADDRESS	<b>3472 FOREST HILL BLVD</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

*Handwritten:* 3-4-97

**000002104800**  
**-03/05/97--01015--049**  
**\*\*\*165.00**

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]* **LYNN J. MOORHOUSE, PRESIDENT** Date: **3/1/97** Daytime Phone #

CR2E034 (9/96)