

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

FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 466356 (3)

1. Corporation Name

WILLIAM H. RUPPERT, JR., D.D.S., P.A.

Principal Place of Business

% WILLIAM H. RUPPERT, JR., D.D.S.  
446 MAGNOLIA AVENUE  
MERRITT ISLAND FLORIDA 32952

Mailing Address

% WILLIAM H. RUPPERT, JR., D.D.S.  
446 MAGNOLIA AVENUE  
MERRITT ISLAND FLORIDA 32952-48223. Date Incorporated or Qualified  
12/17/19743a. Date of Last Report  
03/04/19964. FEI Number  
59-1566469Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 1775 Rockledge Drive  
Suite, Apt. #, etc.

2a. Mailing Address

26 1775 Rockledge Drive  
Suite, Apt. #, etc.

City &amp; State

23 Rockledge Florida

City &amp; State

28 Rockledge Florida

Zip

24 32955

Country

25

Zip

29 32955

Country

30

9. Name and Address of Current Registered Agent

RUPPERT JR, WILLIAM H. D.D.S.  
446 MAGNOLIA AVENUE  
MERRITT ISLAND FLORIDA 32952

10. Name and Address of New Registered Agent

81 Name William H. Ruppert Jr D.D.S.

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

83 1775 Rockledge Drive

84 City

Rockledge

FL

85 Zip Code  
32955

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: William H. Ruppert Jr D.D.S.

Signature: (1) do not print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/5/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RUPPERT JR, WILLIAM H.  
STREET ADDRESS 1775 ROCKLEDGE DR.  
CITY - ST - ZIP ROCKLEDGE FL☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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:

William H. Ruppert Jr D.D.S.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97

Date

407-632-334

Daytime Phone #

CR2E034 (9/96)