

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:15

DOCUMENT # 466656 (6)
1. Corporation Name
ROBERT B. DOWNEY, D.M.D., P.A.

Principal Place of Business Mailing Address
2000 SOUTH PATRICK DRIVE 2000 SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH FL 32937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1975	3a. Date of Last Report 02/03/1994
21. State, Apt. #, etc.	22. City & State	26. State, Apt. #, etc.	27. City & State	4. FEI Number 59-1564367	Applied For Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

DOWNEY, ROBERT B.
2000 SOUTH PATRICK DRIVE
INDIANA HAR BCH FLORIDA 32937

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 _____
Signature (hand or printed name) of registered agent and the applicant. (Print Registered Agent's name on separate report after filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94	
TITLE	P	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNEY, ROBERT B.	12. NAME	
STREET ADDRESS	2000 S. PATRICK DR.	13. STREET ADDRESS	
CITY, ST, ZIP	INDIAN HAR BCH FL	14. CITY, ST, ZIP	
TITLE	S	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNEY, ANN L.	22. NAME	
STREET ADDRESS	2000 S. PATRICK DR.	23. STREET ADDRESS	
CITY, ST, ZIP	INDIAN HAR BCH FL	24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.011, Florida Statutes. I further certify that the information indicated on this annual report or biennial 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: *Robert B. Downey* **Robert B. Downey** 407
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR 777.2.333