F	ILE NOW: FILING F	EE AFTER MAY 1 I	S \$225.00		
С	PROFIT ORPORATION INUAL REPORT 1996	FLORIDA DEPA Sandra Secret	RIMENT OF STATE B. Mortham ary of State CORPORATIONS		
	UMENT # 4827	758 (0)			
•	ation Name MES F. WHITE D.M.D. P.A.	` '			
•					
Principal F	Place of Business	Mailing Address			
5120 BAYOU BLVD CORDOVA MEDICAL DENTAL CENTER PENSACOLA FL 32503-2102 5120 BAYOU BLVD CORDOVA MEDICAL I PENSACOLA FL 32503-2102		102			
				08/01/1975	3a. Date of Last Report 02/02/1995
	at Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, A	Apt. #, etc.	26 Suite, Apt. #, etc.		59-1627697	Not Applicable
22		27		5. Certificate of Status Desired	See Required
Oity & :	State	Oity & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zıp 24	Country 25	Zip 29	Country 30	This corporation has liability for it florida Statutes Yes	ntangible tax under s 199,032,
	9, Name and Address of Cu			10, Name and Address of New R	
512	te, James F O Bayou Blyd,Cordova Med Isacola Fl)./DENT. CENTER	82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
			B4 City		FL 85 Zip Code
11. Pursu or reg	ant to the provisions of Sections 607, istered agent, or both, in the State of	0502 and 607,1508, Florida Statute Florida, Such change was authorize	es, the above-named corporation's boo	oration submits this statement for the pur and of directors. I hereby accept the appo	
1EO I MIIC	with and accept the obligations of,	0502 and 607,1508, Florida Statute Florida. Such change was authorize Section 607,0505, Florida Statutes.	es, the above-named corporation's boo	oration submits this statement for the pur and of directors. I hereby accept the appo	
SIGNATUR	Signature, typed or privide name of registered	Begin and title if applicable (NO)	es, the above-named corporation's board by the corporation's board.	ad when reinstating)	pose of changing its registered office pintment as registered agent. I am James Date
SIGNATUF	BE Signature, typed or privace name, of registered OFFICERS	section 607.0505, Promote Statutes. Report and title 4 applicable (NO) S AND DIRECTORS	es, the above-named corporation's booked by the corporation's booked by the corporation's booked by the corporation and the first signature requirements and the corporation and the corpo		pose of changing its registered office pintment as registered agent. I an DATE
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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 119.07(3)(k), 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 logal 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.

63 STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF

5/3/196 904-4773485