

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 506017

1. Corporation Name

David L. Townsend, DMD, PA

Principal Place of Business

Mailing Address

227 N. Knights Avenue
Brandon, FL 33511

227 N. Knights Avenue
Brandon, FL 33511

2. Principal Place of Business

2a. Mailing Address

21 402 Fern Cliff

26 402 Fern Cliff

22 City & State

27 City & State

23 Temple Terrace, FL

28 Temple Terrace, FL

24 33617

25 Hillsborough

29 33617

30 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

David L. Townsend, DMD, PA
227 Knights Avenue
Brandon, FL 33511

81 Name
David L. Townsend, DMD, PA

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

83

84 City
Temple Terrace

FL

85 Zip Code
33617

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 type for period name or registered agent and fee applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
1.1 TITLE	President
1.2 NAME	David L. Townsend, DMD
1.3 STREET ADDRESS	227 N. Knights Avenue
1.4 CITY-ST-ZIP	Brandon, FL 33511
1.5 TITLE	
1.6 NAME	
1.7 STREET ADDRESS	
1.8 CITY-ST-ZIP	
1.9 TITLE	
1.10 NAME	
1.11 STREET ADDRESS	
1.12 CITY-ST-ZIP	
1.13 TITLE	
1.14 NAME	
1.15 STREET ADDRESS	
1.16 CITY-ST-ZIP	
1.17 TITLE	
1.18 NAME	
1.19 STREET ADDRESS	
1.20 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President
1.2 NAME	David L. Townsend, DMD
1.3 STREET ADDRESS	402 Fern Cliff
1.4 CITY-ST-ZIP	Temple Terrace, FL 33617
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I, the undersigned, 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 and typed or printed name of signing officer or director)

David L. Townsend

4/25/97

Daytime Phone #

813-948-8140

CR2E034 (9/96)