FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **541837** **(1)**

1. Corporation Name

ENDODONTIC ASSOCIATES/CARL J. FLATLEY, D.D.S., M .S.D., P.A.

Principal Place of Business	Mailing Address
2701 PARK DRIVE CLEARWATER FL 34623-1022	2701 PARK DRIVE CLEARWATER FL 34623-1022

3. Date Incorporated or Qualified: **07/29/1977**

3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-1751382** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLATLEY, CARL J.
2701 PARK DRIVE
CLEARWATER FL 33515

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	FLATLEY, CARL		1.2 NAME	
1.3 STREET ADDRESS	1865 SALEM COURT		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP	
2.1 TITLE	VST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	FLATLEY, BARBARA (ASST)		2.2 NAME	
2.3 STREET ADDRESS	1865 SALEM COURT		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	DUNEDIN FL		2.4 CITY-ST-ZIP	
3.1 TITLE	C	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	COX, FREDERICK L		3.2 NAME	
3.3 STREET ADDRESS	2701 PARK DRIVE #4		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	
4.1 TITLE	M	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	AL KASEM, RAED		4.2 NAME	
4.3 STREET ADDRESS	2701 PARK DRIVE #4		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	
5.1 TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
5.2 NAME			5.2 NAME	
5.3 STREET ADDRESS			5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP	
6.1 TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6.2 NAME			6.2 NAME	
6.3 STREET ADDRESS			6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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)(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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)