

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED May 06 1997 8:00am Secretary of State

DOCUMENT # 546142

James W. Davison, D.D.S., P.A.

Principal Place of Business Mailing Address 4625 N. Jademore Dr. Same Beverly Hills FL 34465

3. Date Incorporated or Qualified 7/28/77 3a. Date of Last Report 1996 4. FEI NUMBER 59-1760221 Applied For Not Applicable 5. Certificate of Status Desired \$5.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No

2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24

8. Name and Address of Current Registered Agent Davison, James W. 4625 N. Jademore Dr. Beverly Hills FL 34465

10. Name and Address of New Registered Agent 01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 807.2008 and 807.1504, 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 807.2008, Florida Statutes.

SIGNATURE Division, located by printed name of registered agent and the F address. NOTE: Registered Agent (owner) must sign this statement.

Table with 2 columns: 12. OFFICERS AND DIRECTORS (Title, Name, Street Address, City-St-Zip) and 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11 (1-11 Title, Name, Street Address, City-St-Zip). Includes entries for James W. Davison and Sharon Davison.

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14. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 199.03(2), Florida Statutes. I further certify that the information is stated 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon Davison V.P. Inc. 4/29/97