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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

552159

(6)

CITRUS DENTAL ASSOCIATES, P.A.								
Principal Place o	of Business	Mailing Address			1 120101 01101 01110 11001 51801 01	IIO (911 61611 6161	1 41811 BIBIT	(EB) (1818 (181)
314 SO. LINE AVENUE 314 SO. LINE AVENUE INVERNESS FL 34452 INVERNESS FL 34452								
					3. Date Incorporated or Qualified 11/30/1977		of Last Rep 2/17/199	
,	ce of Business	2a. Mailing Address			4. FEI Number 59-1778180			pplied For ot Applicabl∈
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees
<i>Z</i> (p	Country	28	Country		8. This corporation has liability for	r intangible ta		
	25	29	30		10. Name and Address of New		Agent	
	9. Name and Address of Curr	ent Registered Agent	1 -	Name	10. Hame and Address of their			
CURTIN, LEO J			82	Street Addr	ress (P.O. Box Number is Not Accepte	ıblə)		
314 S LINE AVE			83					
INVERNESS FL 34452							85 Zip	Code
			84	City	ration submits this statement for the p and of directors. Thereby accept the ap	FL	11	
IZANIA TO JEDE	Signature, typed or printed name of registered ag		(NOTE: Registered Ager			DATE FLOERS AND	DIFFE CT OF	RS IN 12
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MŁ	EDWIN HOLLAND			1				
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Y-ST-ZIP			1.2 NAME 1.3 STHEE	R ADDRESS			_,	
	INVERNESS, FL 00000			l l				
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6 1 TIFLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

C-1Y - ST - 7:P

STREET ADORESS

11ºLE

NAME

TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qually for the exemption stated in Section 118.07(3)(k), Florida Statutes. Horther 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 cath; 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 13/1 changed or on an attachment with an address.

352-726-5854

Change

Addition