

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
(AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1042

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 AUG -6 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 557514 (7)  
1. Corporation Name  
JOHN P. CARTLEDGE, D.M.D., P.A.



Principal Place of Business Mailing Address  
2100 E. HALLANDALE BEACH BLVD 2100 E. HALLANDALE BEACH BLVD  
HALLANDALE FL 33009 HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/18/1978		05/16/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-1824559		Not Applicable	
24 Country		29 Country		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 owes or has paid the current year intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTLEDGE, JOHN P.  
2100 E. HALLANDALE BEACH BLVD.,  
HALLANDALE FL 33009

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	CARTLEDGE, JOHN P.	1.2 NAME	
STREET ADDRESS	2100 E. HALLANDALE BCH	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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: John P. Cartledge, D.M.D., P.A. Date: 8/16/97

CR2E034 (4/97)

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**JOHN P. CARTLEDGE D.M.D., P.A.**  
PRACTICE LIMITED TO PROSTHODONTICS  
2100 E. HALLANDALE BEACH BOULEVARD  
HALLANDALE, FLORIDA 33021  
457-8308

July 28, 1997

Division Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

Att: Annual Reports

Corp. # 557514  
John P. Cartledge DMD, PA


Gentlemen:

I have never received the original first notice for payment  
of my annual fee.

ENClosed is the completed form for 1997 that I just  
received as second notice.

THE check for \$165. is enclosed.

Yours truly,

  
John P. Cartledge DMD, PA

encl. (check)