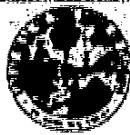


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -6 AM 10:04

**DOCUMENT # 558363**

**(8)**

1. Corporation Name

J. THOMAS HOSE, D.M.D., P.A.

Principal Place of Business

125 ROLL TIDE LANE  
LACEY'S SPRINGS AL 35754

Mailing Address

125 ROLL TIDE LANE  
LACEY'S SPRINGS AL 35754

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
02/01/1978	03/21/1994

2. Principal Place of Business <b>21 Roll Tide Lane</b>	2a. Mailing Address <b>21 Roll Tide Lane</b>	4. FEI Number <b>59-1790474</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>
City & State <b>23 Lacey's Springs, AL</b>	City & State <b>28 Lacey's Springs, AL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees <input type="checkbox"/>
Zip <b>24 35754</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
9. Name and Address of Current Registered Agent  <b>BROOKS, SANDRA 127 N. TENTH ST. HAINES CITY FL 33844</b>		10. Name and Address of New Registered Agent	
81 Name <b>BROOKS, SANDRA</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>127 N. TENTH ST. HAINES CITY FL 33844</b>	83	84 City <b>FL</b> 85 Zip Code <b>35754</b>

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 renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PTD</b>	NAME <b>HOSE, J. THOMAS, D.M.D.</b>	1.1 TITLE <b>21 Roll Tide Lane</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>125 ROLL TIDE LANE</b>	STREET ADDRESS <b>LACEY'S SPRINGS AL</b>	1.2 NAME <b>Lacey's Springs, AL 35754</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <b>ST</b>	NAME <b>HOSE, NANCY</b>	2.1 TITLE <b>21 Roll Tide Lane</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>125 ROLL TIDE LANE</b>	STREET ADDRESS <b>LACEY'S SPRINGS AL</b>	2.2 NAME <b>Lacey's Springs, AL 35754</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE 3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	3.5 STREET ADDRESS 3.6 CITY-ST-ZIP	
CITY-ST-ZIP		3.7 STREET ADDRESS 3.8 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE 4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	4.5 STREET ADDRESS 4.6 CITY-ST-ZIP	
CITY-ST-ZIP		4.7 STREET ADDRESS 4.8 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE 5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	5.5 STREET ADDRESS 5.6 CITY-ST-ZIP	
CITY-ST-ZIP		5.7 STREET ADDRESS 5.8 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE 6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	6.5 STREET ADDRESS 6.6 CITY-ST-ZIP	
CITY-ST-ZIP		6.7 STREET ADDRESS 6.8 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 110.07(3)(b), 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:** *J. Thomas Hose* **J. Thomas Hose DMD, Pres. 3/2/95 (205)882-6007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON THIS LINE

Date

Day/Year/Year