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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 13 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

| DOCUMENT # 587678 (4) SWEETWATER DENTAL GROUP, P.A. Principal Place of Business Mailing Address | | | | | | |
|--|---|---|--|--|--|--|
| Principal Place 901 WEKIVA SF LONGWOOD FL | PRINGS RD. | Mailing Address 901 WEKIVA SPRINGS RD. LONGWOOD FL 32779-2501 | | i i samien einen feittl steine ferner ichten ich | iti Arfiel diebsi üldil Affer Alber | i Milleri (Miller |
| | | | | 3. Date incorporated or Qualified 10/01/1978 | 3a. Date of Last F 08/23/1996 | Report |
| ŋ · | lace of Business | 2a. Mailing Address | | 4. FEI Number | A | pplied For |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 59-1845956 | | ot Applicable Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee R | equired |
| City & State | e e | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | May Be to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 | This corporation has liability for Florida Statutes | r intangible tax under s | |
| | 9. Name and Address of Currer | nt Registered Agent | 81 Name | 10. Name and Address of New R | legistered Agent | |
| | ss, Leonard N. DDS. Wekiva springs RD. | | | ress (P.O. Box Number is Not Accepta | ahla) | |
| | GWOOD,FL EDFFL 32779 | | | ress (P.O. box Nurhoer is not Accepte | adie; | |
| | | | 83 | | | |
| | | | 84 City | | FL 85 Zip | Code |
| 11. Pursuant to | to the provisions of Sections 607.050 registered agent, or both, in the State in familiar with, and accept the oblig- | 02 and 607.1508, Florida Statute of Florida, Such change was all office of Section 607.0505, Flor | s, the above-named corpora | poration submits this statement for the ition's board of directors. I hereby according | purpose of changing i ept the appointment as | ts registered registered |
| _ | | and is or, section doz.osos, nor | ida Statutes. | | | |
| SIGNATURE | Signature hyped or printed name of registered age | ent and title if applicable (NOTE: | Registered Agent signature requi | ired when reinstating) | DATE | |
| SIGNATURE | Signature hyperologiphinted name of registered age | ent and title if applicable (NOTE: | | | DATE | RS IN 12 |
| SIGNATURE 12. UILE | Signariae Typico or printed name of regulared ago OFFICERS AN PTD GLASS, LEONARD N. | ent and title if applicable (NOTE. D DIRECTORS | Registered Agent signature requi | ired when reinstating) | DATE ICERS AND DIRECTO | RS IN 12 |
| SIGNATURE 12. UILE NAME STREET ADDRESS | Signature Typica or printed name of registered age OFFICERS AN PTD GLASS, LEONARD N. 7951 LAKE ROSS LN. | ent and title if applicable (NOTE. D DIRECTORS | Registered Agent signature required to the s | ired when reinstating) | DATE ICERS AND DIRECTO | RS IN 12 |
| SIGNATURE 12. UILE NAMÉ STREET ADORESS CHY-ST-ZIP | Signariae Typico or printed name of regulared ago OFFICERS AN PTD GLASS, LEONARD N. | ent and title if applicable (NOTE. D DIRECTORS | Registered Agent signature required. 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ired when reinstating) | DATE ICERS AND DIRECTO | RS IN 12 |
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