

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 588228 (7)
1. Corporation Name
DAVID C. BERRY, D.D.S., P.A.

Principal Place of Business
537 US HWY 1
NORTH PALM BEACH FL 33408

Mailing Address
537 US HWY 1
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1978	
21		26		4. FEI Number 59-1854479	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24		29		10. Name and Address of New Registered Agent	
25		30			

9. Name and Address of Current Registered Agent

BERRY, DAVID C.
537 US HWY 1
NORTH PALM BEACH, FL

11	Name
12	Street Address (P.O. Box Number is Not Acceptable)
13	
14	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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERRY, DAVID C.	
STREET ADDRESS	537 US HWY 1	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1E		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12E		
13EET ADDRESS		
14E-ST-ZIP		
2E		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22E		
23EET ADDRESS		
24E-ST-ZIP		
3E		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3E		
33EET ADDRESS		
34E-ST-ZIP		
4E		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4E		
43EET ADDRESS		
44E-ST-ZIP		
5E		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5E		
53EET ADDRESS		
54E-ST-ZIP		
6E		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6E		
63EET ADDRESS		
64E-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for 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 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 exec report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CL

3-17-98 561-844-8653

Date

Daytime Phone #

0314511

CR2E034 (10/97)