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**Mar 18 1997 8:00am  
Secretary of State**



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

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**

**DOCUMENT # 595494**

**(6)**

1. Corporation Name

**DAVID C. ESSER, D.D.S., P.A.**

Principal Place of Business

**1580 NW 10TH. AVE #302  
BOCA RATON FL 33486**

Mailing Address

**1590 NW 10TH. AVE #302  
BOCA RATON FL 33486-1387**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

**ESSER, DAVID C., D.D.S.  
1590 NW 10TH. AVE #302  
BOCA RATON, FL 33486**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**11/30/1978**

3a. Date of Last Report

**02/29/1996**

4. FEI Number

**59-1861813**

Applied For  
Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

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 registrant or individual if applicable)

(NOTE: Registered Agent's signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **PTS**  
STREET ADDRESS **ESSER, DAVID C**  
CITY- ST- ZIP **1590 NW 10TH. AVE #302  
BOCA RATON, FL 00000**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  DELETE  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS

1.4 CITY- ST- ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS

2.4 CITY- ST- ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS

3.4 CITY- ST- ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS

4.4 CITY- ST- ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS

5.4 CITY- ST- ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS

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 supplementary 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 officer 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:

*David C. Esser*

*3/14/97*

CR2E034 (9/96)