

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 598686 (4)

1. Corporation Name
JOSEPH E. MALONEY, D.M.D., P.A.



Principal Place of Business	Mailing Address
301 EBBTIDE DRIVE SUITE C N. PALM BEACH FL 33408	301 EBBTIDE DRIVE SUITE C N. PALM BEACH FL 33408

3. Date Incorporated or Qualified 12/28/1978	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1869698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent MALONEY, JOSEPH E. 301 EBBTIDE DRIVE N. PALM BEACH, FL MH 33408	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY, JOSEPH E	1.2 NAME	
STREET ADDRESS	301 EBBTIDE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE <i>Delete</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY, JOSEPH, G	2.2 NAME	
STREET ADDRESS	301 EBBTIDE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<i>S/T</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>SAME NAME + ADDRESS</i>
NAME	MALONEY, YVONNE, B	3.2 NAME	
STREET ADDRESS	301 EBBTIDE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE <i>Delete</i>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, LINDA, K	4.2 NAME	
STREET ADDRESS	301 EBBTIDE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Joseph E. Maloney* **Joseph E. Maloney** 4-15-96 407-844-0715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)