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

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Mailing Address

LEONARD L. BRITTEN, D.D.S., P.A.

FILED

Mar 06 1998 8:00am

Secretary of State

111 FLAGSHIP DRIVE 111 FLAGSHIP DRIVE **LUTZ FL 33549 LUTZ FL 33549** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/22/1968 2. Principal Place of Business 2n. Mailing Address 4. FEI Number Applied For 21 59-1221749 Not Applicable Suite, Apt. #, etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes □ No 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BRITTEN, LEONARD L. 111 FLAGSHIP DR Street Address (P.O. Box Number is Not Acceptable) **LUTZ FL 33549** 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typind or printed name of respectived agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1 1 7 11 F BRITTEN, LEONARD L. NAME 1.2 NAME 111 FLAGSHIP DRIVE STREET ADDRESS 1.3 STREET ADDRESS LUTZ FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 31 TITLE 3 2 NAME NAME

6 4 CITY - ST - ZIP 4. I 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 supplemental angular 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.

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4. 2 NAME

51 TITLE

52 NAME

61 TITLE

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