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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morlham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 600673

(8)

BILL L. MCCLANAHN D.M.D., P.A.

Principal Piace of Business Mailing Address

331 N.MAITLAND AVE 331 N.MAITLAND AVE MAITLAND FL 32751 MAITLAND FL 32751



								1			
2. Principa! F	Place of Business		2a. M	alling Address		***************************************		3. Date Incorporated or Qualified 12/18/1968			ast Report 1/1995
21	_		28. Ma	JIING Address				4. FEI Number			Applied For
Suite, Apt.	#, etc.			ite, Apt. #, etc.				59-1225461		1	Not Applicab
22 City & State	de		27	27			5. Certificate of Status Desired			.75 Additional	
23			28 City	y & State				6. Election Campaign Financing		\$5	5.00 May Be
Zip 24	₁	Country	Zip		T Co	ountry		Trust Fund Contribution 8. This corporation has lightlifty for it	Internalists 4	Ac	dded to Fees
24	9. Name and	A Advance and Charles	29		30			8. This corporation has liability for i	intangible ta: □ No	x unde	rs 199.032,
	9. Ivanio and	d Address of Current	it Registered	d Agent				10. Name and Address of New R	inu tendetered	Agent	
MAY) /	AMARIAM DILL	<u>.</u>				81 N	Name		egistated -	Agen	
	ANAHAN,BILL L					82 S	Ownet Addre		··		
	MAITLAND AVE					BE	street Address	ess (P.O. Box Number is Not Acceptabl	le)		
MAITL	AND FL 32751				,	83					
					,						
					I	84 C	City			85	Zip Code
11. Pursuant to	o the provisions o	f Sections 607.0502 /	and 607.150	8. Florida Statutes	the abo		and corporal	tion submits this statement for the purp of directors. Thereby accept the appoi	FL		
familiar with	th, and accept the	In the State of Florida online of, Sections of,	a. Such chan	ige was authorized	by the c	corporat	lion's board	ion submits this statement for the purp of directors. Thereby accept the appor	ose of char	nging it	s registered offic
SIGNATURE				r ronda Ctatates.				ition submits this statement for the purp of directors. I hereby accept the appol	ntment as re	egister	ed agent. I am
S	Signature, typed or printe	iso name of registered agent an	and tide if applicable	le. (NOTE							
12.	V	OFFICERS AND	DIRECTORS	3. 010-0	Registered /	Agent sign	nature required wh		DATE		
TITLE	PD			DELETE	1.110	71 E		ADDITIONS/CHANGES TO OFFIC			
NAME	MCCLANAH	IAN,BILL L		L	•] Change	
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NAME	_), CARTER A.	,	[] UELETE	2. 1 T(T)					Change	Addition
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v er 760	man and a fine	" 1				REET ADDRE	ESS				
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1. Ido 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 appears in Block 12 or Block 12 if changed an accuracy with an address.

SIGNATURE:

4/29/96 (407)494-269