FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 601231 (4)

1. Corporation Name
WILLIAM N. ABOOD, D.D.S., P.A.

Principal Place of Business
9250 BAYMEADOW RD., SUITE 300
JACKSONVILLE FL 32256

Mailing Address
9250 BAYMEADOW RD., SUITE 300
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: **07/17/1969**
3a. Date of Last Report: **01/20/1995**

4. FEI Number: **59-1264584** — Applied For / Not Applicable

2. Principal Place of Business
21 9350 San Jose BLVD
Suite, Apt. #, etc.
22
City & State
23 Jax FL
Zip 24 32206
Country 25 DUVAL

2a. Mailing Address
26 4482 WORTH DR S
Suite, Apt. #, etc.
27 JAX FL.
City & State
28 32207 DUVAL
Zip 29
Country 30

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

9. Name and Address of Current Registered Agent

WILLIAM N. ABOOD D.D.S.
4482 WORTH DRIVE SOUTH
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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 William N. Abood — WILLIAM N. ABOOD — DATE 5-20-96
Signature, typed or printed name of Registered Agent and the date signed — (NOTE: Registered Agent Signature required for filing)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ABOOD,WILLIAM N. D.D.S	
STREET ADDRESS	4482 WORTH DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	☐ DELETE
NAME	ABOOD, WILLIAM N. D.D.S.	
STREET ADDRESS	4482 WORTH DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☑ DELETE
NAME	HOLTON,HENRY D.D.S.	
STREET ADDRESS	4131 UNIVERSITY BLVD. S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	WILLIAMS, CHAS. F. D.D.S	
STREET ADDRESS	2151 UNIVERSITY BLVD. S.	
CITY-ST-ZIP	JACKSONVILLE FL	
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	
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: William N. Abood — 5-20-96 (Date) — 904-733-3391 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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