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 # 601231

WILLIAM N. ABOOD, D.D.S., P.A.

(4)

Mailing Address

FILED Jan 16 1998 8:00am Secretary of State



9350 SAN JOSE BLVD 4482 WORTH DR S JACKSONVILLE FL 32206 JACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/17/1969 2a. Mailing Address 2. Principal Place of Business 4, FEI Number Applied For 59-1264584 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Зρ Country Country This corporation owes or has paid the corrent year Intangible 24 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WILLIAM N. ABOOD D.D.S. 4482 WORTH DRIVE SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 83 84 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-rained 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 curporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.

SIGNATURE INOTE Hedistered Agent signature required when reinstating! ignature, typed or printed name of registered agent and title it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1 1 TITLE im.E ABOOD, WILLIAM N. D.D.S 1.2 NAME CR2E034 NAME 4482 WORTH DRIVE SOUTH 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 IITUF TITLE ABOOD, WILLIAM N. D.D.S. NAME 2.2 NAME 4482 WORTH DRIVE SOUTH STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 2 4 DITY-ST-ZIP GITY-ST-ZIP DELLIE Change Addition 3.1 TITLE WILLIAMS, CHAS. F. D.D.S NAME 1.2 NAME 2151 UNIVERSITY BLVD. S. 33 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 34 UITY-81-2P CITY - ST - ZIP DELETE Change Addition 4.1 HTLE iiî LE 4. 2 NAME NAME. STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 44 CITY-ST-24 DELETE Addition 51 TILE TOLE NAME 52 NAME 5.3 5 (REET ADDRESS STREET ADDRESS CITY-ST-7/P 5.4 CITY - ST - ZIP DELETE Change Addition 61 HILE TULE 62 NAME NAME STREET ADDRESS eus STREET ADDRESS 6 4 СПҮ-5Т-2іР

14. I hereby certify that the information supplied with this filing does not quality 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 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:

SIGNATURE: