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May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 601832 (9) 1. Corporation Name DAVID G. HARTER, D.M.D., P.A.			
Principal Place of Business 6527 CENTRAL AVENUE ST PETERSBURG FL 33710		Mailing Address 6527 CENTRAL AVENUE ST PETERSBURG FL 33710-8412	
2. Principal Place of Business 21 6700 CROSSWINDS DR. N. Suite, Apt. #, etc. 22 100-C City & State 23 ST. PETERSBURG, FL Zip 24 33710 Country 25 PINELLAS		2a. Mailing Address 26 6700 CROSSWINDS DR. N. Suite, Apt. #, etc. 27 100-C City & State 28 ST. PETERSBURG, FL Zip 29 33710 Country 30 PINELLAS	
9. Name and Address of Current Registered Agent HARTER, DAVID G. 6527 CENTRAL AVE. ST PETERSBURG FL 33710			
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: [Signature] DATE: 8			
12. OFFICERS AND DIRECTORS TITLE PD NAME HARTER, DAVID G STREET ADDRESS 3725 CENTRAL AVE CITY - ST - ZIP ST PETERSBURG FL [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP [ ] Change [ ] Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP [ ] Change [ ] Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP [ ] Change [ ] Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP [ ] Change [ ] Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP [ ] Change [ ] Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP [ ] Change [ ] Addition			
14. I do 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 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] DATE: 4-25-97 813-3457774 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)