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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

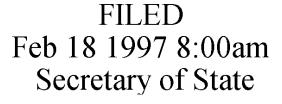
DOCUMENT # 602355

(0)

MILLARD P. KIMBALL, JR., D.D.S., JESS H. YATES, D.M.D. AND CLINT WILKINSON, D.M.D., P.A.

Principal	Place	of	Business	
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Mailing Address





215 JACKSON AVENUE P.O. BOX 2548 SATELLITE BEACH FL 32937		215 JACKSON AVENUE P.O. BOX 2548 SATELLITE BEACH FL 32937-2925			T			
					3. Date Incorporated or Qualified 08/25/1970	3a. Date of Last R 01/31/1996	eport	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	<del></del>	pplied For	
21		26			59-1299709	——	t Applicable	
Suite, Apl.	#, etc.	Suite, Apt. #, etc.			5 0 15 1 (O) 1 B 1 1	□ \$8.75	Additional	
22		27	27		5. Certificate of Status Desired Fee Required			
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zıp	Country	Zip	Count	γ	8. This corporation has liability for in		. 199.032,	
24	25	29	30			Yes No		
	9. Name and Address of Curr	ent Registered Agent	8	•T •1	10. Name and Address of New Re	gistered Agent		
	ES, JESS H.		0	1 Name				
	JACKSON AVENUE		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)		
SAIL	ELLITE BEACH FL 32937		8					
			•	<b>3</b>			]	
			8	4 City		FL 85 Zip	Code	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such change was	authorized I	by the corpora	rporation submits this statement for the paration's board of directors. I hereby accep	urpose of changing il t the appointment as	s registered registered	
SIGNATURE	Signature typed or printed name of registered	agent and title if applicable (NC	DTF: Registered A	gent signature requ	uired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12	
TITLE	PDT	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	YATES, JESS H.		1.2 NAMI	:				
\$1REE1 ADDRESS	215 JACKSON AVE		1.3 STRE	ET ADDRESS				
CITY - ST - ZIP	SATELLITE BEACH FL		1.4 CITY	ST - ZIP				
THILE	V0	☐ DELETE	2.1 11116			☐ Change	Addition	
NAME	KIMBALL, MILLARD P. JR.		2.2 NAM					
STREET ADDRESS	215 JACKSON AVE		2.3 STRE	ET ADDRESS				
CITY-S1-ZIP	SATELLITE BEACH FL	Decise	2. 4 CITY				T A JANG	
TITLE	SD CONTRACTOR	☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME	WILKINSON, CLINT		3.2 NAMI					
STREET ADDRESS	215 JACKSON AVE SATELLITE BEACH FL			ET ADORESS				
CITY - ST - ZIP	ONICULIE DEAUN FL	DELETE	3.4 CITY			Change	Addition	
TITLE		☐ DETEIE	4.1 TITLE			□ cuange	Magiciali	
NAME CIDECT ADDRESS			4, 2 NAM	ET ADORESS				
STREET ADDRESS								
CITY - ST - ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE			Change	Addition	
NAME			5.1 HTLE			only o		
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP			5.4 CITY					
TITLE		DELETE	6.1 TOTLE			Change	Addition	
NAME			6.2 NAM			<u> </u>		
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP			6.4 CITY					
	by continuity that the information guess	ind with this filing does not gun			ed in Section 119 07(3)(i) Florida Statutes	I further contifue that	tho	

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 18 if changed, or on an attachment with an address.

1/4/07

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