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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 602439

DAVID E. DEWITT D.D.S., PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address		r indered driet didies erber groot errik sour b		
4841 W. 4TH AVE HIALEAH FL 33012	4841 W. 4TH AVE Hialeah Fl 33012-3939				
			3. Date Incorporated or Qualified 10/01/1970	3a. Date of Last 04/10/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied For
21	26		59-1302512		Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired		Additional Required
City & State	City & State		6. Election Campaign Financing	\$5.0	O May Be
23	28		Trust Fund Contribution		d to Fees
Zip Counitry 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under	s. 199.032,
9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of New Reg	stered Agent	
DEWITT,DAVID E		81 Name			
4841 W. 4 AVE HIALEAH FL 33010		82 Street Add	dress (P.O. Box Number is Not Acceptabl	le)	
		83			
		84 City		FL 85 Zi	p Code
11. Pursuarit to the provisions of Sections 607.0	0502 and 607.1508, Florida Statut	tes, the above-named co	rporation submits this statement for the pu	urpose of changing	its registered
office or registered agent, or both, in the St agent. I am lamiliar with land accept the of	tate of Florida, Such change was	authorized by the corpora	ation's board of directors. I hereby accept	t the appointment	as registered
agene raintainia that are accept the ca	onganona or, bechen bar baba, i i				
CIONATUGE					
SIGNATURE Styriative, typed or product name of regeleres	d agent and title Lappiicable (NO)	TE: Registered Agent signature requ	ulred when reinstating)	DATE	
Stgratice, Typed or per too claime of acqueteres 12. OFFICERS	d agent and the Tapplicable (NO		uired when reinstating) ADDITIONS/CHANGES TO OFFICE		DRS IN 12
Ship after, lyped or parties care of a peters 12. OFFICERS INTE PD		TE: Registered Agent signature requ	1.2.2		
Stp. atrice, typicd or produce connected a galleties 12. OFFICERS TIFLE PD DEWITT, DAVID E	AND DIRECTORS	TE: Registered Agent signature requests.	1.2.2	ERS AND DIRECTO	
12. OFFICERS THE PD NAME DEWITT, DAVID E STREET ADDRESS 4841 W 4TH AVE	AND DIRECTORS	18. Registered Agent signature requirements.	1.2.2	ERS AND DIRECTO	
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SIGNATURE:

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SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 29 1997 8:00am

Secretary of State