

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 602514 (2)

1. Corporation Name
FLEMING B. COOLEY D.D.S., P.A.



Principal Place of Business
**% FLEMING COOLEY
9366 SW 1ST ST.
PLANTATION FL 33324**

Mailing Address
**% FLEMING COOLEY
9366 SW 1ST ST.
PLANTATION FL 33324**

3. Date Incorporated or Qualified **11/09/1970** 3a. Date of Last Report **01/17/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

4. FEI Number **59-1306675** Applied For Not Applicable
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

**COOLEY, FLEMING B III
9366 SW 1ST ST
PLANTATION FL 33324**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COOLEY, FLEMING 9366 SW 1ST ST. PLANTATION FL <input type="checkbox"/> DELETE	1. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1. 2 NAME 1. 3 STREET ADDRESS 1. 4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. 2 NAME 2. 3 STREET ADDRESS 2. 4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3. 2 NAME 3. 3 STREET ADDRESS 3. 4 CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5. 2 NAME 5. 3 STREET ADDRESS 5. 4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *Fleming B. Cooley* **Fleming B. Cooley D.D.S.** **JAN 19 96**
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Duly Signed Phone # **305-573-1500**

CR2E034 (12/95)