

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

CORPORATION
ANNUAL REPORT
1995



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

- FILED -
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 12 52

DOCUMENT # **603044** (9)
1. Corporation Name
KENNETH W. COOPER D.M.D., P.A.

Principal Place of Business Mailing Address
1445 S OSPREY AVE 1445 S OSPREY AVE
SARASOTA FL 34239 SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/27/1971** 3a. Date of Last Report **01/25/1994**
4. FEI Number **59-1357397** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
~~SAVARY, JOHNSON C~~
~~720 S ORANGE AVENUE~~
~~SARASOTA FL 33579~~

10. Name and Address of New Registered Agent
81 Name **SILBERSTEIN, DAVID M.**
82 Street Address (P.O. Box Number is Not Acceptable) **720 S. Orange Avenue**
83
84 City **Sarasota** FL 85 Zip Code **34236**

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 *David M. Silberstein* DATE **1-31-95**
Signature of person named in Block 10, or of the corporation, if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COOPER, KENNETH W
STREET ADDRESS	1445 S. OSPREY AVE.
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	HOLMES, CHARLES W
STREET ADDRESS	1700 S. TUTTLE AVE.
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	FLOWER, JOHN D.
STREET ADDRESS	2025 S. MCCALL RD.
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	D
NAME	MCELVEEN, WILLIAM
STREET ADDRESS	1445 S. OSPREY AVE.
CITY - ST - ZIP	SARASOTA FL
TITLE	VB
NAME	HERRING, TIMOTHY G.
STREET ADDRESS	1445 S. OSPREY AVE.
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	D/VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 110.07(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: *Timothy G. Herring* **TIMOTHY G. HERRING** DATE: **1-31-95** 366-3894
SIGNATURE AND TYPED IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR