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 # 603090

(2)

WILLIAM J. GILL, D.D.S., P.A.

FILED Apr 17 1997 8:00am Secretary of State

2. Principal Place of Business 3. PEI Number 5. Certificate of Status Desired 7. Trust Fund Contribution 8. This corporation has liability for intangible tax 9. Name and Address of New Registered Agent 8. This corporation has liability for in		
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Summe and Address of Current Registered Agent GILL, WILLIAM J 1201 FLORASILLA D'AVILA TAMPA FL 33613 Tambar vith, and accept the obligations of, Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appoint agent 1 an fambar with, and accept the obligations of, Section 607.0505, Florida Statutes.	of Last Report)/1996	
Suite, Apt. #, etc Suite, Apt. #, etc.	Applied F	
City & State Country Zip Country Zip Country S. This corporation has liability for intangible tax Florida Statutes 9. Name and Address of Current Registered Agent GILL, WILLIAM J 1201 FLORASILLA D'AVILA TAMPA FL 33613 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) FL 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 conflicts 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 appoint agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	\$8.75 Addition	
City & State City & State 28 Country Zip Country Zip Country Zip Country Solution Solution Solution Solution Solution Country Country Zip Country Solution S	Fee Required	
Zip Country Zip Country S. This corporation has liability for intangible tay Florida Statutes Yes 9. Name and Address of Current Registered Agent GILL, WILLIAM J 1201 FLORASILLA D'AVILA TAMPA FL 33613 B1 Name Street Address (P.O. Box Number is Not Acceptable) 63 64 City FL 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 co- 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 appoint	\$5.00 May Be	e
25 29 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 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 confider 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 appoint and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Added to Fees	
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CONTUDE	'	
Signative typodic pointed name of registered agost and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	DIRECTORS IN 12	
	Change Ac	ddition
NAME GILL, WILLIAM J. 1.2 NAME		
STREET ADDRESS 1201 FLORASILLA D'AUILA 1.3 STREET ADDRESS		
CITY-SI-7IP TAMPA FL 14 CITY-ST-7IP	Change Ac	ddilion
TITLE DELETE 21 TITLE L. NAME GILL, WILLIAM J. 22 NAME		ugillon
STREET ADDRESS 1201 FLORASILLA D'AUILA 23 STREET ADDRESS		
CITY-ST-7IP TAMPA FL 2.4 CITY-ST-2IP		
TIRLE STATE STATE	Change Ac	ddilion
NAME GILL, WILLIAM J. 32 NAME SIRFEL ADDRESS 1201 FLORASILLA D'AUILA 3.3 STREET ADDRESS		
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City-St-ZiP 6.4 City-St-ZiP		
TILE DELETE 51 TITLE	Change A	ddition
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STREET ADDRESS 5.3 STREET ADDRESS		
CITY-ST-ZIP	Change A	ddition
	ChangeAl	UUIJIUI
NAME G.2 NAME STREET ADDRESS G.3 STREET ADDRESS		
STREET ADDRESS CITY-SI-7IP 6.3 STREET ADDRESS 6.4 CITY-ST-7IP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-91 (913)822-1909 Daylime Proces