FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **603371** **(6)**

1. Corporation Name

DONALD S. MCLEOD D.D.S., P.A.

Principal Place of Business

6029 N. 9TH AVE.
PENSACOLA FL 32504

Mailing Address

6029 N. 9TH AVE.
PENSACOLA FL 32504

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **02/15/1972**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1374600** [ ] 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. The corporation is subject, for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

MCLEOD,DONALD S
6029 NORTH 9TH AVE.
PENSACOLA FL 32504

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 Section 607.0505, Florida Statutes, the undersigned hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Section 607.0505(2) Florida Statutes: "The corporation shall be liable for the fees and costs of a proceeding brought to collect the fees or costs incurred in collecting the fees." Having accepted the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD [ ] DELETE
NAME	MCLEOD, DONALD S
STREET ADDRESS	6029 N 9TH AVE
CITY, ST, ZIP	PENSACOLA FL
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information supplied in this report, including but not limited to the information required to be reported pursuant to Section 119.07(3)(k), Florida Statutes, is true and accurate. I further certify that the information indicated on this report or supplemental report filed in connection herewith, including the information required to be reported pursuant to Section 119.07(3)(k), Florida Statutes, is true and accurate. I further certify that I am a duly authorized officer of the corporation or the registered agent of the corporation upon whom service of process may be made pursuant to Section 48.091, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or is listed in the most recent filing.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)