


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 16 1997 8:00am  
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 604212 (1)</b> 1. Corporation Name <b>DANIEL M. DERUSSY, D.D.S., P.A.</b>			
Principal Place of Business <b>SUITE 400 C 6700 CROSSWINDS DRIVE, NO FT PETERSBURG FL 33710</b>		Mailing Address <b>SUITE 400 C 6700 CROSSWINDS DRIVE, NO FT PETERSBURG FL 33710-5486</b>	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>03/20/1973</b>		3a. Date of Last Report <b>04/25/1996</b>	
4. FEI Number <b>59-1445285</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>DERUSSY, DANIEL 6700 CROSSWINDS DRIVE NO, SUITE 400 C ST PETERSBURG, FL 33710</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <b>PD</b> <input type="checkbox"/> DELETE NAME <b>DERUSSY, DANIEL M.</b> STREET ADDRESS <b>7897 SAILBOAT KEY BLVD</b> CITY- ST- ZIP <b>S PASADENA FL</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP TITLE <input type="checkbox"/> DELETE 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE <input 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 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or an attachment will be necessary.			
SIGNATURE: <b>Daniel M. DeRussy</b>		Jan. 9, 1997 813-345-8595	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)