
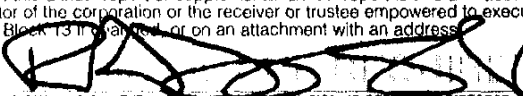


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 08 1997 8:00am
Secretary of State

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|--|------|---|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 604558 (7) | | | | | |
| 1. Corporation Name R: A. FERNANDEZ, D.D.S., P.A. | | | | | |
| Principal Place of Business 4501 NORTH ARMENIA AVE TAMPA FL 33603-2703 | | | Mailing Address 4501 NORTH ARMENIA AVE TAMPA FL 33603-2703 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/01/1973 | |
| 21 Suite Apt. # etc. | | 26 Suite, Apt. #, etc. | | 3a. Date of Last Report 02/06/1996 | |
| 22 City & State | | 27 City & State | | 4. FEI Number 59-1472352 | |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Country | | 29 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent FERNANDEZ, R. A. D.D.S. 4501 N. ARMENIA TAMPA FL 33603 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY- ST- ZIP | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| | PD | FERNANDEZ, R. A. | 4501 N. ARMENIA TAMPA FL | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | SD | LODATO, FRANK M. JR | 2510 W. VIRGINIA TAMPA FL | 1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | VD | VALENTI, JOSEPH V. | 202 N. ARMENIA AVE TAMPA FL | 1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 1.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 2.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 3.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 4.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 5.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 6.4 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 in printed or on an attachment with an address. | | | | | |
| SIGNATURE:  3/12/97 813 675-7167 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

CR2E034 (9/96)