

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 604905 (0)

1. Corporation Name

L.M. SAYRE, D.M.D., PROFESSIONAL ASSOCIATION



Principal Place of Business

2301 PARK STR
JACKSONVILLE FL 32204
US

Mailing Address

2301 PARK STR
JACKSONVILLE FL 32204
US

3. Date Incorporated or Qualified
12/26/1973

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

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4. FLP Number
59-1525425

Applied For
Not Applicable

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5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

24

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6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAYRE, L.M.
2301 PARK STREET
JACKSONVILLE FL 32204

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 607.0508, Florida Statutes.

SIGNATURE

(If Officer or Director, Signatures Required on this Statement)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	☐ DELETE
2. NAME	SAYRE, L.M.	
3. STREET ADDRESS	2301 PARK STREET	
4. CITY - ST - ZIP	JACKSONVILLE FL	
5. TITLE		☐ DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this and any 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 a 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L.M. Sayre, DMD 2/23/96 (904) 389-3333

CR2E034 (12/95)