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 # 605042

(1)

FLEEGLER, BERG, KANE & ADAMS, M.D.S, P.A.

Mailing Address

FILED Jan 23 1997 8:00am Secretary of State



Principal Place	e or business	Maling Add	ress						
1895 FLOYD ST SARASOTA FL		1895 FLOYD STREET SARASOTA FL 34239-2907							
						3. Date Incorporated or Qualific 02/27/1974		te of Last)5/1996	Report
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	·············		Applied For
21		26				59-1509420			lot Applicable
Suite, Apt	#, etc.	Suite, A	pt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	0	City & S	tate			6. Election Campaign Financing]	\$5.0	May Be
23		28				Trust Fund Contribution			to Fees
Ζιρ	Country	Zip		Country		8. This corporation has liability	for intangible	tax under	s. 199.032,
24	25	29		30	·	Florida Statutes	Yes [
	9. Name and Address of Cur	rent Registered Ag	ent			10. Name and Address of New	Registered .	Agent	
FLEE	EGLER, BRUCE M MD			81	Name				
1895	FLOYD STREET			82	Street Add	dress (P.O. Box Number is Not Acce	otable)		
SAR	ASOTA FL 33579								
				83					
				84	City			85 Zig	Code
				64	City		FL		70000
SIGNATURE	rn familiar with, and accept the ob					uired when re-nstating)	DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO O	FICERS AND	DIRECTO	RS IN 12
TITLE	SDV		DELETE	1.1 TITLE				Change	Additio
NAME	Berg, Bruce			1.2 NAME					
STREET ADDRESS	1910 BROOKHAVEN DR			1,3 STREET	ADDRESS				
CITY-SI-ZIP	SARASOTA, FL 00000			1.4 CITY- 9	T-ZIP				
TITLE	VTD	[DELETE	2.1 TITLE				Change	Additio
NAME	KANE, TERRENCE P.			2.2 NAME					
STREET ADORESS	1895 FLOYD STREET			2 3 STREET	ADDRESS				
CITY - ST-ZIP	SARASOTA, FL 00000			2. 4 CITY-	ST-ZIP				
TITLE	PD	[DELETE	3.1 TiTLE				☐ Change	Additio
NAME	FLEEGLER, BRUCE M			3.2 NAME					
STREET ADDRESS	5408 SIESTA COVE			3.3 STREET	ADORESS				
CITY - ST - ZIP	SARASOTA, FL 00000			34 CITY-	ST-ZIP				
TITLE	VDS	ŀ	DELETE	4.1 TITLE				☐ Change	Additio
NAME	ADAMS, GLENN D.			4. 2 NAME	1	•			
STREET ADDRESS	1895 FLOYD ST.			4.3 STREET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL		BELEFE	4.4 Crt Y-5	T-ZIP			1 6	F 1 4 4 4 5 5
TITLE		l	DELETE	5 1 TITLE				Change	Additio
NAME				52 NAME]				
STREET ADDRESS				5.3 STREE	ADDRESS				
CHTY - ST - 7/F			DS: 576	5.4 CITY - S	ST - ZIP				T 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TIFLE		ι	DELETE	6.1 TITLE	1			Change	Additio
NAME				6.2 NAME	İ				
STREET ADDRESS				6.3 STREE	ADDRESS				
CHY-SI-ZIP	1			6.4 C/TY-5	ST - 71P				

4. 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 if 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 attaching with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/14/97 (94) 366, 5864