

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **634101** (0)

1. Corporation Name

ALAN G. SIRMANS, D.D.S., P.A.



Principal Place of Business

**2985 LANGLEY AVE
PENSACOLA FL 32504**

Mailing Address

**2985 LANGLEY AVE
PENSACOLA FL 32504**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SIRMANS, ALAN G., D.D.S.
2985 LANGLEY AVE.
PENSACOLA FL 32504**

3. Date Incorporated or Qualified
09/01/1979

3a. Date of Last Report
02/14/1995

4. FEI Number
59-1944703

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

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 607.01(2) 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 607.05(9), Florida Statutes.

SIGNATURE

Alan G. Sirmans

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
DP	SIRMANS, ALAN, G. DDS	2303 WHALEY AVENUE	PENSACOLA FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </td></td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </td></td>	STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </td>	CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing 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 general 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 registrar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if change in name or an attachment with an address.

SIGNATURE:

Alan G. Sirmans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 April 1996 (904) 478-0391

CR2E034 (12/95)