

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

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Apr 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # **646099** (2)

1. Corporation Name  
**JAMES GUTTUSO, D.D.S., P.A.**

Principal Place of Business  
**1825 FOREST HILL BLVD.**  
**WEST PALM BEACH FL 33406**

Mailing Address  
**1825 FOREST HILL BLVD.**  
**WEST PALM BEACH FL 33406-8902**



2. Principal Place of Business 21 <b>4400 No. Federal Hwy.</b> Suite, Apt. #, etc. 22 <b>184</b> City & State 23 <b>Boca Raton, Florida</b> Zip 24 <b>33431</b>		2a. Mailing Address 26 <b>4400 No. Federal Hwy.</b> Suite, Apt. #, etc. 27 <b>suite 184</b> City & State 28 <b>Boca Raton, Florida</b> Zip 25 <b>Palm Beach</b> 30 <b>Palm Beach</b>		3. Date Incorporated or Qualified <b>12/01/1979</b>	3a. Date of Last Report <b>01/25/1996</b>
		4. FEI Number <b>59-1957282</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. 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>GOETZ, RICHARD A</b> <b>2310 ONE FINANCIAL PLAZA</b> <b>FORT LAUDERDALE, FLORIDA</b> <b>33394</b>		10. Name and Address of New Registered Agent 81 Name <b>THOMAS BLACKWOOD</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>BLACKWOOD &amp; COMPANY PA</b> 83 <b>3046 S. CONGRESS AVENUE</b> 84 City <b>LAKE WORTH</b> FL 85 Zip Code <b>33461</b>	
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11. Pursuant to the provisions of Section 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 *Thomas Blackwood* DATE **4/8/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GUTTUSO, JAMES</b>		1.2 NAME <b>Guttuso, James</b>	
STREET ADDRESS <b>1825 FOREST HILL BLVD.</b>		1.3 STREET ADDRESS <b>4400 No. Federal Hwy. Suite 184</b>	
CITY-ST-ZIP <b>W. PALM BEACH FL</b>		1.4 CITY-ST-ZIP <b>Boca Raton, Florida, 33431</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *James Guttuso, Pres* DATE **4/10/97** DAYTIME PHONE # **561-7360424**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)