

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **648751** (6)

1. Corporation Name
JACK FRIEMAN, D.D.S., P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
111 2ND AVE NE STE 1101 ST. PETERSBURG FL 33701 2610 WEST BAY DRIVE LARGO, FLORIDA 34640	111 2ND AVE NE STE 1101 ST. PETERSBURG FL 33701 2610 WEST BAY DRIVE LARGO, FLORIDA 34640

3. Date Incorporated or Qualified 12/19/1979	3a. Date of Last Report 04/28/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1953612	Applied For <input type="checkbox"/> Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28		
Zip	Country	29	Country
24	25	30	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent				
FRIEMAN, JACK, D.D.S. SUITE 1101 ONE PLAZA PLACE NORTHEAST ST. PETERSBURG FL 33701	<table border="1"> <tr> <td>81 Name FRIEMAN, JACK D.D.S.</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable) 2610 WEST BAY DRIVE</td> </tr> <tr> <td>83</td> </tr> <tr> <td>84 City LARGO FL 85 Zip Code 34640</td> </tr> </table>	81 Name FRIEMAN, JACK D.D.S.	82 Street Address (P.O. Box Number is Not Acceptable) 2610 WEST BAY DRIVE	83	84 City LARGO FL 85 Zip Code 34640
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82 Street Address (P.O. Box Number is Not Acceptable) 2610 WEST BAY DRIVE					
83					
84 City LARGO FL 85 Zip Code 34640					

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 _____ DATE _____
Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME FRIEMAN, JACK, D.D.S.	1. 1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1 PLZ PLACE, N.E., STE 1101	CITY - ST - ZIP ST. PETERSBURG FL	1. 2 NAME FRIEMAN, JACK D.D.S.	
		1. 3 STREET ADDRESS 2610 WEST BAY DRIVE	
		1. 4 CITY - ST - ZIP LARGO, FLORIDA 34640	
TITLE	NAME	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	2. 2 NAME	
		2. 3 STREET ADDRESS	
		2. 4 CITY - ST - ZIP	
TITLE	NAME	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3. 2 NAME	
		3. 3 STREET ADDRESS	
		3. 4 CITY - ST - ZIP	
TITLE	NAME	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4. 2 NAME	
		4. 3 STREET ADDRESS	
		4. 4 CITY - ST - ZIP	
TITLE	NAME	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5. 2 NAME	
		5. 3 STREET ADDRESS	
		5. 4 CITY - ST - ZIP	
TITLE	NAME	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6. 2 NAME	
		6. 3 STREET ADDRESS	
		6. 4 CITY - ST - ZIP	

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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: *Jack Frieman* 4/28/95 012881-2066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Initials Please)