

**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 <b>12/19/1979</b>	3a. Date of Last Report <b>04/28/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1953612</b>	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 <b>FRIEMAN, JACK D.D.S.</b></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable) <b>2610 WEST BAY DRIVE</b></td> </tr> <tr> <td>83</td> </tr> <tr> <td>84 City <b>LARGO</b> FL 85 Zip Code <b>34640</b></td> </tr> </table>	81 Name <b>FRIEMAN, JACK D.D.S.</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>2610 WEST BAY DRIVE</b>	83	84 City <b>LARGO</b> FL 85 Zip Code <b>34640</b>
81 Name <b>FRIEMAN, JACK D.D.S.</b>					
82 Street Address (P.O. Box Number is Not Acceptable) <b>2610 WEST BAY DRIVE</b>					
83					
84 City <b>LARGO</b> FL 85 Zip Code <b>34640</b>					

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-registering)

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