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	PORATION DAL REPORT	4		B Mortham	ı						
•	1996		Secre DIVISION OF	tary of State F CORPORA	TIONS						
DOCU	MENT # 67908	82	(8)								
1. Corporation	Name		• •								
ULIF	FORD E. CAMPBELL D.M.D)., P.A	l.				1 10 0 1 10 0 1 (2)	I L a ru Pa rat	JANA IKAI ARAN		+ 0 (0)) 4+0t+ 0+4)) (0
Principal Place	of Business	М	ailing Address								
3375-F CAPITAL CIRCLE N.E. DEERFIELD PROFESSIONAL CTR. TALLAHASSEE FL 32308		3375-F CAPITAL CIRCLE N.E. DEERFIELD PROFESSIONAL CTR. TALLAHASSEE FL 32308									
- Discoul Dis		······································				3. Da	te Incorporated or 07/21/1980	Qualified	3a. Date	of Last 07/05 ,	
2. Principal Pla	ice of Business	2a. 26	Mailing Address	***************************************		4. FE	Number 59-201819	E			Applied For
Suite, Apt. #	, etc.		Suite, Apt. #, etc.			F. Ce	rtificate of Status [\$8.7	Not Applicable 5 Additional
City & State		27	City & State				etion Campaign Fi			Fee	e Required
3 Zip	Country	28				Tn	ıst Fund Contributi	on		Add	00 May Be led to Fees
4 .	Country 25	29	Zip	Counti	^y	B. Thi	s corporation has l rida Statutes		intangible ta	x under	s 199.032,
	9. Name and Address of Current	t Regis	tered Agent		7777	· · · · · · · · · · · · · · · · · · ·	me and Address		_	Agent	
CAMP	BELL, CLIFFORD E.			8		······································	<u></u>				
	CAPITAL CIRCLE N.E.			100					ala\		
*****				82	2 Street Add	tress (P.O. I	Box Number is Not	Acceptat	ne)		
TALLA	HASSEE FL 32308			83		ress (P.O. I	30x Number is Not	Acceptat	ле) 		
	HASSEE FL 32308			83	City				E 4		Zip Code
	HASSEE FL 32308	and 607	7.1508, Florida Statuta channa was authoriza	83	City				E 4		
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certify that the information indicated on this firing 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or our an attachment with an address.

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

District Phose Paints On the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name