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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

POCUMENT # 696534 DOUGLAS A. EDWARDS, D.D.S., P.A.

(7)

FILED Apr 21 1997 8:00am Secretary of State

			IFIL

Principal Place of Business Mailing Address								T (BOTTO BUTTO TOTAL BUTTO TITLE BUTTE BUTTE BUTTE BUTTO
l '				701 ENTERPRISE RI	1 ENTERPRISE RD E. #201			
SAFETY HARBOR FL 34695			SAFETY HARBOR F	SAFETY HARBOR FL 34695-5303				
								3. Date Incorporated or Qualified 08/01/1981 3a. Date of Last Report 04/22/1996
-	Principal Pi	lace of Busin	ess	├ ──	2a. Mailing Address			4. FEI Number Applied For
21			26				59-2118862 Not Applicable	
	Sulte, Apt	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Dosired See Regulated Fee Regulated
Cfty & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23	mana '			28	,, a said			Trust Fund Contribution Added to Fees
	Ž ip		Country	Zip		Country	•	8. This corporation has liability for intangible tax under s. 199.032,
24		25 29 30		L		Florida Statutes		
			and Address of Currer	nt Registered Agent		81	N	10. Name and Address of New Registered Agent
			UGLAS A., D.D.S.				Name	ne
			SE RD E. #201				Street	et Address (P.O. Box Number is Not Acceptable)
	SAF	ETY HARBO	OR FL 34695			83		
						63		
	?"					84	City	FL 85 Zip Code
11.	Pursuant	to the provisi	ions of Sections 607.050	02 and 607.1508. Florida	Statutes, t	the above	L e-named	
	office or re	registered ag	ent, or both, in the State	e of Florida, Such change ations of, Section 607.05	o was auth 505. Florida	orized by	the co	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
CIC.	•	inte idici mica dei	in, and accept the cong	ations of obotton our loc	500, 1101101	o Gianato	•	•
Sit	NATURE	Signature, typed	or printed name of registered age	ent and title if applicable	eff afcn)	gistored Age	nt signatur	ture required when reinstating) DATE
12.		7 BBB	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITL		DPS	e polici se s	☐ DELE	: IL	1.1 TITLE		L.J. Change L.J. Addition
NAN	_		s, douglas a Erprise RD e. 201			1.2 NAME	IBBBBBB	
1	EET ADDRESS		HARBOR FL			1.3 STREET		
TITL	'-\$T-ZIP	T	IMBORIE	DELE	TE	1.4 CITY-S 2.1 TITLE	1-212	Change Addition
NAN		EDWARD	S, DOUGLAS A			22 NAME		
ı	EET ADDRESS		ERPRISE RD E. 201			23 STREET	ADDRESS	ss
1	-\$1-ZIP		HARBOR FL			2 4 CITY-5		
TITL			<u></u>	☐ DELE	TE	3.1 TITLE		Change Addition
NAN	IE .	i ·				3.2 NAME		
STR	EET ADDRESS					3.3 STREET	ADDRESS	88
CITY	1-81-2IP	<u></u>				3.4. CITY-	S1 - ZIP	
TITL	E			☐ DELE	ETE	4.1 TITLE		Change Addition
NAN	1E					4. 2 NAME		
STR	EET ADDRESS					4.3 STREET		SS
	-ST-ZIP			DELE	FTC	4.4 CITY - S	1 - ZIP	Change Addition
1111				נ) טנני	בונ	5.1 TITLE 5.2 NAME		C Onango C Addition
NAA						5.3 STREET	ADDDECC	
	EET ADDRESS					'		333
TITE	r-ST-ZIP	-		DEI.E	ETE	5.4 CITY - S 6 1 TITLE	1 - (11"	Change Addition
NAN						62 NAME		
1	EET ADDRESS	н				63 STREET	ADDRESS	ss
910	red incontract	1				CACITY C		

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 eath; 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.