

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F07796** (8)

1. Corporation Name

DENTAL HEALTH SERVICES OF TAMPA, INC.



Principal Place of Business

**4014 GUNN HWY. #258
TAMPA FL 33624**

Mailing Address

**4014 GUNN HWY. #258
TAMPA FL 33624**

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip **25** Country

24

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip **30** Country

29

9. Name and Address of Current Registered Agent

**LINSEY, DENNIS N
4014 GUNN HWY., #258
TAMPA FL 33624**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/04/1980

3a. Date of Last Report

03/02/1995

4. FEI Number

59-2060053

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature types corporate and other agents and officers only.

(FEE: For each additional name, \$10.00 per name.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
LINSEY, DENNIS
4014 GUNN HWY #258
TAMPA FL**

TITLE ☐ DELETE

**S
LINSEY, GEORGE
4014 GUNN HWY #258
TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(2)(a), 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 has the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee on a liquidation; and that I have executed this report as required by Chapter 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **GEORGE LINSEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 **813-960-8896**
DATE DAYTIME PHONE #

CR2E034 (12/95)