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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33624-4787

3. Date Incorporated or Qualified 12/04/1980
3a. Date of Last Report 04/02/1996

2. Principal Place of Business
21 12964 N. Dale Mabry Hwy
Suite, Apt. #, etc.
22 TAMPA FL
City & State
23 33618
Zip
24 Hillsborough
Country

2a. Mailing Address
25 12964 N. Dale Mabry Hwy
Suite, Apt. #, etc.
26 TAMPA FL
City & State
27 33618
Zip
28 Hillsborough
Country

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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
LINSEY, DENNIS N
4014 GUNN HWY., #258
TAMPA FL 33624

10. Name and Address of New Registered Agent
81 Name
82 Street Address (R.O. Box Number is Not Acceptable)
83 12964 N. Dale Mabry Hwy
TAMPA FL
84 City
85 FL 33618
Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	LINSEY, DENNIS	
STREET ADDRESS	4014 GUNN HWY #258	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	DELETE
NAME	LINSEY, GEORGE	
STREET ADDRESS	4014 GUNN HWY #258	
CITY-ST-ZIP	TAMPA FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS	12964 N. Dale Mabry Hwy	
1.4 CITY-ST-ZIP	TAMPA FL 33618	
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS	12964 N. Dale Mabry Hwy	
2.4 CITY-ST-ZIP	TAMPA FL 33618	
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)