

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F36888** (8)

1. Corporation Name  
**KENNETH L. SAGRANS, D.M.D., P.A.**



Principal Place of Business: **% KENNETH L SAGRANS DMD 1714 RIVERSIDE DRIVE TITUSVILLE FL 32780**  
Mailing Address: **% KENNETH L SAGRANS DMD 1714 RIVERSIDE DRIVE TITUSVILLE FL 32780**

2. Principal Place of Business: 21 State, Apt. #, et. 22 City & State 23 Zip 24 County 25  
2a. Mailing Address: 26 State, Apt. #, et. 27 City & State 28 Zip 29 County 30

3. Date Incorporated or Qualified: **06/01/1981** 3a. Date of Last Report: **03/03/1995**  
4. FEI Number: **59-2098503** 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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**SAGRANS, KENNETH L., DMD 1714 RIVERSIDE DRIVE TITUSVILLE FL 32780**

81 Name 82 Street Address (P.O. Box Numbers Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.1503, 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. Said change was approved by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the state statutes, sections 607.01(2) and 607.1503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ OFFICERS AND DIRECTORS: \_\_\_\_\_ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:
12.1 TITLE: PS	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME: SAGRANS, KENNETH L	13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 STREET ADDRESS: 1714 RIVERSIDE DRIVE	13.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 CITY-STATE-ZIP: TITUSVILLE FL	13.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 TITLE: VT	13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME: SAGRANS, RAE, N	13.6 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 STREET ADDRESS: 1714 RIVERSIDE AVE	13.7 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 CITY-STATE-ZIP: TITUSVILLE FL	13.8 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 TITLE: <input type="checkbox"/> DELETE	13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME: <input type="checkbox"/> DELETE	13.10 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS: <input type="checkbox"/> DELETE	13.11 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.12 CITY-STATE-ZIP: <input type="checkbox"/> DELETE	13.12 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 TITLE: <input type="checkbox"/> DELETE	13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME: <input type="checkbox"/> DELETE	13.14 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 STREET ADDRESS: <input type="checkbox"/> DELETE	13.15 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.16 CITY-STATE-ZIP: <input type="checkbox"/> DELETE	13.16 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information appearing on this report is true and correct, and that the information is not required for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information is true for the entire report to support all information reported to the state and that my signature shall have the same legal effect as if made under oath. This form and office records are for the exclusive use of the Division of Corporations and shall not be used for any other purpose. The information reported to create the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 shall be used for an annual report filing fee.

SIGNATURE: *Kenneth L. Sagrans* 4/8/96 (407) 267-6300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **KENNETH L. SAGRANS (PS.)**

CR2E034 (12/95)