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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morlham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # F62

(2)

P. ANTHONY PIRKLE D.D.S., P. A.

3a, Date of Last Report

3. Date Incorporated or Qualified

% P. ANTHONY PIRKLE
1200 E. ROBINSON STREET
ORLANDO FL 32801

Principal Place of Business

% P. ANTHONY PIRKLE 1200 E. ROBINSON STREET ORLANDO FL 32801

Mailing Address

						01/12/1982		03/01/1995			
2. F	hincipal Pace of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number		<del></del>		Applied For	
11		26	26				NOT APPLICABLE			Not Applicable	
2	uito, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status I	Desired		\$8.75 Additional Fee Required		
3 3	ity & State	City & State	F1 '			Election Campaign F Trust Fund Contribut	_		\$5.00 May Be Added to Fees		
<i>7</i> 1	′	Zip	Country			8. This corporation has			tax under	s 199.032,	
4	[25]	29	[30]			Florida Statutes	Yes Yes	_			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
	DIDLO D. ALONIANA			81	Name						
, 1200 EAST ROBINSON STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)							
				83	3						
				84	City			FI	85	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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

tarmar <b>v</b> atr	i, and accept the obligations of, Section 607.050	b, Florida Statutes.			_	-
SIGNATURE ::	igner no hyperflor proteid name of registered agent and brient applie	able (NOTE F	krystered Agent signature r	required when reinstatical	DATE	
12.	OFFICERS AND DIRECTO		13.		TO OFFICERS AND DIRECTO	ORS IN 12
TOLE "	PD	DELETE	1. 1 TITLE		☐ Change	☐ Addition
NAME	PIRKLE, ANTHONY P		1.2 NAME			
STRUET ADDRESS	1200 E ROBINSON STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - \$1 - ZIP			
THE		DELETE	2 1 TIPLE		Change	Addition
NAMS			2 2 NAME			
STREE: ACORESS			2 3 STREET ADDRESS			
CHTY-ST ZIP			2.4 CITY-ST-ZIP			
TIFLE		DELETE	3 1 TITLE		☐ Change	Addition
NAME			3.2 NAME			_
SPREET ADDRESS			3.3 STREET ADDRESS	-		
CITY ST ZIP			3 4 CITY - ST - ZIP			
TITLE		DELETE	4 1 TITLE		☐ Change	Addition
NAME			4.2 NAME			
STREET ADERESS			4.3 STREET ADDRESS			
C-1Y+S1+7P			44 CITY+ST-ZIP			
TILF		☐ DELETE	5 1 TITLE		☐ Change	Addition
NAME			5.2 NAME			_
STREET ADDRESS			53 STREET ADDRESS			
CHY-\$1-ZIP			54 CHY-ST-7IP			,
1111.6		DELETE	6 1 TITLE	80000 1	<b>745768</b>  -01149005	D 40Kon
NAME			62 NAME (	-03/15/96-	-01149005	18,00g
STREET ADDRESS			6.3 STREET ADDRESS	***200.00		STAR I
CITY - ST - ZIP			6 4 CHTY-ST-ZIP			C45

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statules. I further certify that the information indicated on this annual report or supplemental annual poorties true and accurate and that my signature shall have the same legal effect as if made under coats, that I am an officer or director of the composation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changing, or ey an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

40)-894-0089

(laytime Phone

00004 /40/0E)