

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Nancy B. Morant  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F83318** (8)  
1. Corporation Name  
**DAVID A. THEIS, D.D.S., P.A.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1674 PROVIDENCE BLVD. DELTONA FL 32725**  
Mailing Address: **1674 PROVIDENCE BLVD. DELTONA FL 32725**

3. Date Incorporated or Qualified: **07/01/1982** 3a. Date of Last Report: **03/29/1994**  
4. FEI Number: **59-2201505** Adjusted For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contributor:  **\$5.00 May Be Added to Fees**  
8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**THEIS, DAVID  
1674 PROVIDENCE BLVD  
DELTONA FL 32724**  
10. Name and Address of New Registered Agent  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.01(2)(c) and 607.1508 Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office to the person, agent, or office 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 do hereby accept the obligation of Section 607.01(2)(c) Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME 12.1.1 12.1.2 12.1.3	PD THEIS, DAVID 1674 PROVIDENCE BLVD DELTONA FL	13.1 TITLE 13.1.1 13.1.2 13.1.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME 12.2.1 12.2.2 12.2.3		13.2 TITLE 13.2.1 13.2.2 13.2.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME 12.3.1 12.3.2 12.3.3		13.3 TITLE 13.3.1 13.3.2 13.3.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME 12.4.1 12.4.2 12.4.3		13.4 TITLE 13.4.1 13.4.2 13.4.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME 12.5.1 12.5.2 12.5.3		13.5 TITLE 13.5.1 13.5.2 13.5.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME 12.6.1 12.6.2 12.6.3		13.6 TITLE 13.6.1 13.6.2 13.6.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 199.032(1)(b) Florida Statutes. I further certify that the information indicated on the 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 resident or business proprietor to be reported on this report as required by Chapter 607 Florida Statutes, and that my name appears as Block 1, or Block 1.1 if changed, on an attachment with this filing.

SIGNATURE: *David A. Theis* **DAVID A THEIS** 51-95 904 784-5100  
SIGNATURE MUST BE TYPED ON PRINTED NAME OF SIGNING OFFICER ON BILL COPY