

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F85730** (2)

1. Corporation Name:

ROBERT C. MACDONALD, D.D.S. P.A.

Principal Place of Business

**2388 IMMOKALEE RD
NAPLES FL 33942**

Mailing Address

**2388 IMMOKALEE RD
NAPLES FL 33942**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MACDONALD, ROBERT C.
2388 IMMOKALEE RD
NAPLES FL 33942**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0703, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge

Signature of President or Officer of Corporation

(Date)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MACDONALD, ROBERT C.	
STREET ADDRESS	2388 IMMOKALEE RD	
CITY-STATE-ZIP	NAPLES FL	
TITLE	V	☐ DELETE
NAME	MACDONALD, ANN	
STREET ADDRESS	11786 QUAIL VILLAGE WAY	
CITY-STATE-ZIP	NAPLES 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

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(9)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 treasurer or trustee or 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 omitted for failure to give an address.

SIGNATURE: *Robert C. MacDonald*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 598-4333

CR2E034 (12/95)