

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005452 (6)

1. Corporation Name
HILL DENTAL COMPANY, INC.



Principal Place of Business P.O. BOX 12145 BIRMINGHAM AL 35202-2145	Mailing Address P.O. BOX 12145 BIRMINGHAM AL 35202-2145
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3. Date Incorporated or Qualified 11/07/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 2183 Parkway Lake Drive Suite, Apt #, etc.	2a. Mailing Address 26 Suite, Apt #, etc.	4. FEI Number 63-0098680	Applied For Not Applicable
22 City & State 23 Hoover, Alabama	27 City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 35244	25 Country	29 Zip	30 Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCT	<input type="checkbox"/> DELETE	1.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HILL, LARRY H		1.2 NAME G. Mark Rowe	
STREET ADDRESS 2183 PARKWAY LAKE DR		1.3 STREET ADDRESS 133 Carpenter Drive	
CITY-ST-ZIP HOOVER AL		1.4 CITY-ST-ZIP Jackson, MS 39212	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRADLEY, ROBERT E		2.2 NAME W. T. Whittington, Jr.	
STREET ADDRESS 2183 PARKWAY LAKE DR		2.3 STREET ADDRESS 339 #3 River Bluff Place	
CITY-ST-ZIP HOOVER AL		2.4 CITY-ST-ZIP Memphis, TN 38103	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HILL, WILLIAM H		3.2 NAME Randy T. Gibbs	
STREET ADDRESS 2183 PARKWAY LAKE DRIVE		3.3 STREET ADDRESS 2183 Parkway Lake Drive	
CITY-ST-ZIP HOOVER AL		3.4 CITY-ST-ZIP Hoover, AL 35244	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HILL, ALVA C		4.2 NAME Larry H. Hill	
STREET ADDRESS 2183 PARKWAY LAKE DR		4.3 STREET ADDRESS (No address change)	
CITY-ST-ZIP HOOVER AL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Larry H. Hill DATE: 4/8/97 DAYTIME PHONE #: 205 987-8528

CR2E034 (9/96)