

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:30

DOCUMENT # G14448 (6)

1. Corporation Name
CENTRAL FLORIDA DENTAL SERVICES, INC.

Principal Place of Business Mailing Address
2727 N ATLANTIC AVE. STE 121 **2727 N ATLANTIC AVE. STE 121**
DAYTONA BCH FL 32118 **DAYTONA BCH FL 32118**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
12/21/1982 **04/26/1994**

4. FEI Number Applied For
59-2270457 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 5, 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent
REYNOLDS, FRANK A., DDS
1184 OCEAN SHORE BLVD.
ORMOND BEACH FL 32074

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 Signature (typed or printed name of registered agent and the filer) NOTE: Registered Agent signature required when reappointing DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME **STAMPER, STEPHEN W, DDS**
STREET ADDRESS **2727 N. ATLANTIC AVE.**
CITY - ST - ZIP **DAYTONA BCH, FL 00000**

TITLE V
NAME **FOX, HARVEY R DOS**
STREET ADDRESS **875 MASON AVE**
CITY - ST - ZIP **DAYTONA BCH FL**

TITLE T
NAME **REYNOLDS, FRANK A., DDS**
STREET ADDRESS **1184 OCEAN SHORE BLVD.**
CITY - ST - ZIP **ORMOND BEACH FL**

TITLE S
NAME **SNYDER, JOSEPH R DDS**
STREET ADDRESS **159 BROADWAY AVE**
CITY - ST - ZIP **DAYTONA BCH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITTLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITTLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS **32118**

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP **32117**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP **32176**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP **32118**

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Stephen W. Stamper** 3/30/95 904 677-8861

SIGNATURE (typed or printed name of officer or director) NAME Telephone (Area #)