

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G14448 (6)**

1. Corporation Name

CENTRAL FLORIDA DENTAL SERVICES, INC.



Principal Place of Business

Mailing Address

**2727 N ATLANTIC AVE. STE 121
DAYTONA BCH FL 32118
US**

**2727 N ATLANTIC AVE. STE 121
DAYTONA BCH FL 32118
US**

2. Principal Place of Business

2a. Mailing Address

21 **140 S. ATLANTIC AVE.**

26 **140 S. ATLANTIC AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#201**

27 **Ste. #201**

City & State

City & State

23 **ORMOND BEACH, FL**

28 **ORMOND BEACH, FL**

Zip

Zip

Country

Country

24 **32176**

29 **32176**

25 **VOLUSIA**

30 **VOLUSIA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REYNOLDS, FRANK A., DDS
1184 OCEAN SHORE BLVD.
ORMOND BEACH FL 32074**

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 of Registered Agent

Signature of Registered Agent

Signature of Registered Agent

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	STAMPER, STEPHEN W, DDS	
STREET ADDRESS	2727 N. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FOX, HARVEY R DDS	
STREET ADDRESS	875 MASON AVE	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	REYNOLDS, FRANK A., DDS	
STREET ADDRESS	1184 OCEAN SHORE BLVD.	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SNYDER, JOSEPH R DDS	
STREET ADDRESS	159 BROADWAY AVE	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

Signature of Officer or Director

STEPHEN W. STAMPER

2/29/96

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