


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

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Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G14448** (6)

1. Corporation Name  
**CENTRAL FLORIDA DENTAL SERVICES, INC.**

Principal Place of Business  
**140 S. ATLANTIC AVE.  
STE #201  
ORMOND BEACH FL 32176  
US**

Mailing Address  
**140 S. ATLANTIC AVE  
STE #201  
ORMOND BEACH FL 32176  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/21/1982</b>	
4. FEI Number <b>59-2270457</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent <b>STAMPER, STEPHEN W 140 S ATLANTIC AVE ORMOND BEACH FL 32074</b>		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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P STAMPER, STEPHEN W, DDS 2727 N. ATLANTIC AVE. DAYTONA BCH, FL 00000	1.1 TITLE	VP Harvey R. Fox DDS 5303 John Anderson Highway Flagler Beach, FL 32136
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP SCHROEDER, THOMAS W DDS 252 GULL DR DAYTONA BCH FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T HAZARD, JAMES A DDS 333 CORNELL DR DAYTONA BEACH FL	3.1 TITLE	T Thomas W Schroeder, DDS 252 Gull Drive Daytona Beach, FL 32115
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S SNYDER, JOSEPH R DDS 159 BROADWAY AVE DAYTONA BCH FL	4.1 TITLE	S Joseph R. Snyder, DDS 3777 S. Ridgewood Avenue Port Orange, FL 32119
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

*Stephen W. Stamper* REQUIRED

1/29/98

CR2E034 (10/97)