

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 # **G35062** (0)

1. Corporation Name
ROBERTS AND PARADIS, D.D.S., P.A.



Principal Place of Business: **6809 SOUTH DIXIE HIGHWAY W PALM BCH. FL 33405**
Mailing Address: **6809 SOUTH DIXIE HIGHWAY W PALM BCH. FL 33405**

3. Date Incorporated or Qualified: **04/20/1983**
3a. Date of Last Report: **04/13/1995**
4. FEI Number: **59-2276298**
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 s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**ROBERTS, THOMAS W.
6809 SO. DIXIE HWY.
W PALM BCH. FL 33405**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.150a, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	ROBERTS, THOMAS W.	
STREET ADDRESS	6809 SO. DIXIE HWY.	
CITY - ST - ZIP	W PALM BCH. FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, THOMAS W.	
STREET ADDRESS	6809 SO. DIXIE HWY.	
CITY - ST - ZIP	W PALM BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARADIS, ALAN J.	
STREET ADDRESS	6809 S. DIXIE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	V.D.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PARADIS, ALAN J.	
23 STREET ADDRESS	6809 S. Dixie Hwy	
24 CITY - ST - ZIP	W. Palm Bch, FL	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 on an attachment with an address.

SIGNATURE: **Alan Paradis** / **ALAN PARADIS** **2/1/96** **407-585-2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee Prefix #

CR2E034 (12/95)