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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G45032

(1)

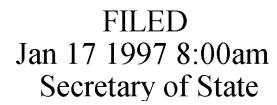
BUHL DENTAL STUDIO, INC.

 ~=1111/W	1110.

Mailing Address

Principal Place of Business

2004 SE RIVED TERRACE



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STUART FL 34996		STUART FL 34996-1346	STUART FL 34996-1346					
					3. Date incorporated or Qualified 05/25/1983	Qualified 3a. Date of Last Report 08/20/1996		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	· · · · · · · · · · · · · · · · · · ·	pplied For	
21		26	26		59-2307486		lot Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
City & State	0	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Ζφ	Count	У	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Yes No		
	9. Name and Address of Co	urrent Registered Agent		T	10. Name and Address of New Re	gistered Agent		
	er, wendy		8	1 Name				
3024	I SE RIVER TERR		8	2 Street Ado	Iress (P.O. Box Number is Not Acceptab	le)		
STU	ART FL 34996		8					
			<u> </u>	ļ				
			8	4 City		FL 85 Zip	Code	
office of re	egistered agent, or both, in the \$	7 0502 and 607,1508, Florida Statu State of Florida. Such change was obligations of, Section 607,0505, Fl	authorized I	by the corpora	poration submits this statement for the p alion's board of directors. I hereby accep	urpose of changing	its registered s registered	
SIGNATURE								
40	Signal ne expera or protection de la deserva-		Tt: Registered A	gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO	ADC IAL 10	
12.	DP OFFICERS	S AND DIRECTORS DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change	Addition	
TITLE	BUHL, RUSSELL	been				Li Change	E) Addition:	
NAME	742 S E ST LUCIE BLVD		1.2 NAM					
STREET ADDRESS	STUART, FL 00000		1	ET ADDRESS				
C-TY - ST - ZIP	D D	DELETE	1.4 CITY			Change	Addition	
TITLE	OLVER, WENDY	T DETELE	2.1 TITLE			☐ Creatige	Addition	
NAME	742 S.E. ST. LUCIE BLVD.		2.2 NAM	1				
STREET ADDRESS	STUART FL			ET ADDRESS				
CITY-ST-ZIP	OIUANI FL	Driese		-ST-ZIP		- D Obsess	Tarina	
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME PERSON ARRESTON			3 2 NAM					
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CHY 4.1 TiTLE	-ST-ZIP		Change	Addition	
			4.1 HALE	J		C. Ondrigo	,100mion	
NAME STORES ADODESES				1				
STREET ADDRESS				ET ADDRESS			į	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE			Change	Addition	
NAME		L. Dinne	5.2 NAM			والمالة فيها		
1								
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE			Change	Addition	
		E peril	1	1		Unstrige Co.		
NAME EXPECT ADDRESS			6.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP	<u> </u>		6.4 CITY	-ST-ZIP				

14. If 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 component 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

SIGNATURE: