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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G83749

(3)

TAMPA BAY DENTAL GROUP, INC.

Principal Place of Business Mailing Address 1931 W. BRANDON BLVD 1931 W. BRANDON BLVD BRANDON FL 33511-4813 BRANDON FL 33511 3. Date Incorporated or Qualified 3a. Date of Last Report 02/08/1984 01/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2372466 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRAIG, L.D. JR. D.D.S. 1931 W. BRANDON BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33511** 83 City 84 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ĎP DELETE 1.1 TITLE Change Addition THILE CRAIG, L.D. JR. D.D.S. 1.2 NAME NAME 1931 W. BRANDON BLVD STREET ADDRESS 1.3 STREET ADDRESS **BRANDON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIE D DELETE 2.1 TITLE Change Addition TITLE KRASNE, J.D. D.D.S 22 NAME NAME 1931 W. BRANDON BLVD STREET ADDRESS 23 STREET ADDRESS **BRANDON FL** CITY - ST - ZIP 2. 4 City-St-ZIP DELETE 31 TITLE Change Addition TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 City-St-ZIP DELETE 51 TITLE Change Addition THILE 52 NAME NAME STREET ADDRESS **53 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE ☐ Change Addition TITLE 62 NAME NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY-ST-ZIP

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 of used empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I 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

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an atta

CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

· 40. cmr 1/31/97 813) 685-1353

FILED

Feb 07 1997 8:00am

Secretary of State

CR2E034 (9/96)