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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # H10217 (8)
1. Corporation Name
M. PATRICK ARDOIN II, D.D.S., P.A.

Principal Place of Business Mailing Address
% PROSTHODONTIC ASSOCIATES 3106 MANATEE AVE. WEST BRADENTON FL 34205

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

3. Date Incorporated or Qualified 06/29/1984 3a. Date of Last Report 04/29/1994
4. FEI Number 59-2431423 Applied For Not Applicable
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. 195A.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
REICHGOTT, GEORGE B.
3106 MANATEE AVE. WEST
BRADENTON FL 33505

10. Name and Address of New Registered Agent
81 Name M. PATRICK ARDOIN
82 Street Address (P.O. Box Number is Not Acceptable) 3106 MANATEE AVE W.
83
84 City BRADENTON, FL 85 Zip Code 34205

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 *M. Patrick Ardoin II* M. PATRICK ARDOIN II DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | P&T |
| NAME | REICHGOTT, GEORGE B. |
| STREET ADDRESS | 3106 MANATEE AVE. WEST |
| CITY ST. ZIP | BRADENTON FL |
| TITLE | VP |
| NAME | ARDOIN, MERVIN P. |
| STREET ADDRESS | 3106 MANATEE AVE W. |
| CITY ST. ZIP | BRADENTON FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST. ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST. ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST. ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 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 110.07(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: *M. Patrick Ardoin II* M. PATRICK ARDOIN II 4-24-95 (813) 748-7983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Corporate Seal)

SCC 5-1-95