


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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # H24237 (0)			
1. Corporation Name JOHN L. ADAMS, DDS, PA			
Principal Place of Business 4530 GRAND BLVD. NEW PORT RICHEY FL 34652		Mailing Address 4530 GRAND BLVD. NEW PORT RICHEY FL 34652-5119	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1984		3a. Date of Last Report 02/27/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2443147		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent ADAMS, JOHN L. 4530 GRAND BLVD NEW PORT RICHEY FL 34652				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

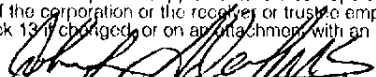
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1. NAME ADAMS, JOHN L. DDS				1.1 TITLE			
2. STREET ADDRESS 4530 GRAND BLVD				1.2 NAME			
3. CITY-ST-ZIP NEW PORT RICHEY FL				1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE				2.1 NAME			
2.2 NAME				2.2 STREET ADDRESS			
2.3 STREET ADDRESS				2.3 CITY-ST-ZIP			
2.4 CITY-ST-ZIP				3.1 TITLE			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 NAME				3.2 NAME			
3.2 STREET ADDRESS				3.3 STREET ADDRESS			
3.3 CITY-ST-ZIP				3.4 CITY-ST-ZIP			
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4.1 TITLE				4.2 NAME			
4.2 STREET ADDRESS				4.3 STREET ADDRESS			
4.3 CITY-ST-ZIP				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE				5.2 NAME			
5.2 STREET ADDRESS				5.3 STREET ADDRESS			
5.3 CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE				6.2 NAME			
6.2 STREET ADDRESS				6.3 STREET ADDRESS			
6.3 CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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 or changed, or on an attachment, with an address.

SIGNATURE



3/14/97 8:13 PM 10/14

CR2E034 (9/96)