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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

H24584

(5)

DOCUMENT # 1. Corporation Name

PARKWOOD DENTAL CENTER, P.A.

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ncipal Place of Business	A deliner A delecco						
ARAD ARTI ALIENNIE MIEGT	Mailing Address	ACCT					
2620 48TH AVENUE WEST BRADENTON FL 34207	2620 48TH AVENUE WEST BRADENTON FL 34207						
XIII DE CIE				3. Date Incorporated or Qualified 3a. Date of Last Report 03/27/1995			port 5
	On At-Way Addison			4. FEI Number	001		pplied For
Principal Place of Business	26. Mailing Address	Mailing Address		59-2476643		1	lot Applicab
Suite, Apt. #, etc.	Suite, Apt. #, etc.			E Outstand of Outstand			Additional
.,	27			5. Certificate of Status Desired		Fee R	lequired
Oity & State	City & State			6. Election Campaign Financing			May Be
	28			Trust Fund Contribution			to Fees
Zip Country	<i>Z</i> ip	Country	+	8. This corporation has liability for Florida Statutes ☐ Yes	intangible tax i	under s	199.032,
25 9. Name and Address of Curre	29 ent Registered Agent	[30]		10. Name and Address of New R		ent	
S. Hamo Bild Hadrood of Control		81	Name				
RICKS, JOHN L., JR		82	Street Addr	ress (P.O. Box Number is Not Acceptab	Ne)		
2620 48TH AVE WEST		02	Stibet Addi	1655 (F.O. DOX NOT HONDON IS NOT PROSOPIAL	,10j		
BRADENTON FL 34207		83					
		84	City			85 Zip	Code
					<u>FL</u>		
Pursuant to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the above	named corpor	ration submits this statement for the put	rpose of chang cintment as re	ging its re saistered	egistered of
 Pursuant to the provisions of Sections 607-000 or registered agent, or both, in the State of Flo familiar with, and accept the obligations of Sec 	ction 607.0505, Florida Statute	ized by the corp is.	JOI ACION S DOG	ind of directors. Thereby accept the app	OF ILL HOLL GO TO	9.5.0.00	agon. ran
SINATURE Journal of prophyrame of registered age	Trendend J. l	hick's	IR. DOS		1-25 DATE	-96	
	ot and still if approachie (*)	IOTE Hogistered Ago	int signature require	x) when reinstating)			DC INL 10
		1 1 2		ADDITIONS/CHANGES TO OFF	ICHES AND L	カロトレートル	
	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		Change	
BICKE TOTALL ID	NO DIRECTORS DELETE	1 1 TITLE		ADDITIONS/CHANGES TO OFF			
RICKS, JOHN L., JR.		1 1 TITLE 1 2 NAME		ADDITIONS/CHANGES TO OFF			
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SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISCHOOL DISCHOOL

941 - 753 - 1432 Daytime Phone #