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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(1)

1996

DOCUMENT # **H38366** 

FILED
Jan 22 1996 8:00 am
Secretary of State

J.U. KHA	Name ISNE, D.D.S. & L.D. CRAIG	, D.D.S., P.A.							
Principal Place of Business Mailing Address  15834 N. DALE MABRY HWY 15834 N. DALE MABRY HW									
TAMPA FL 3361		TAMPA FL 33618-1645							
						3. Date Incorporated or Qualified 01/16/1985		Date of Last F 03/06/199	5
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number			Applied For Not Applicable
		26				59-2531023		\$8.75 Additional	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				<ol><li>Certificate of Status Desired</li></ol>			Required
City & State		City & State				6. Election Campaign Financing		\$5.0	00 May Be
3		28				Trust Fund Contribution			ed to Fees
Zφ	Country	Zip	Coun	try		This corporation has liability for Florida Statutes	rintangiti s 🔲 No	ile tax under s n	199.032,
4	25	29	30			10. Name and Address of New			
	9. Name and Address of Curren	t Hegistered Agent		81 Name	;	10, 110, 110, 110, 110, 110, 110, 110,			
00410	n in noc		-	00 00000	Addros	s (P.O. Box Number is Not Accepta	ible)		
CRAIG, L.	D., JR., DDS			82 Street Addr		S (F.O. DOX NUMBER IS NOT RECENT			
1931 W BRANDON BLVD. Brandon Fl 33511				83					
DIMINDO	112 00011		}	84 City				<b>85</b> Z	ip Code
	o the provisions of Sections 607.0502		l			The state of the s		FL 65 2	ranistered office
SIGNATURE	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti Sonature, typed or printed name of registered agent		SS.						
	Cignoton, Open of	arki tile ir at piicatre		Agent & granne	e required v	when reinstatings			ODS IN 12
12.	OFFICERS AN	D DIRECTORS	13.		E ted hear	ADD/TIONS/CHANGES TO OF		AND DIRECT	
12. TITLE	OFFICERS AND	O RETTILE POPPER	13.	rlē	I reduced a	ADD, TIONS/CHANGES TO OF			
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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 119.07(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 it made under certify that I am an officer or director of the corporation of the receive 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: ....

SIGNATURE AND TYPED OR PRINTED NAME IF SIGNING OFFICER OR DIRECTO

. L.O. CLAIG 1/16/94
SIGNING OFFICER OR DIRECTOR

(813)968-5768