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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOI 1. Con

(6)

FILED Jan 27 1997 8:00am Secretary of State

OCUMENT # Corporation Name	J39502	
JAMES D. CALLAHA	N. D.D.S., P.A.	

Principal Place of Business Mailing Address 4461 BAYOU BLVD. 4461 BAYOU BLVD. PENSACOLA FL 32503-2801 PENSACOLA FL 32503 3a. Date of Last Report 3. Date Incorporated or Qualified 10/27/1986 05/28/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2727229 21 26 Not Applicable Suite Apt. #. etc Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 23 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WORK, E. GARY, JR. 1940 ST MARY'S AVE Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Egration, typed explicit colored in all registered ago in and the diapplicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)PRESIDENT DELETE 1.01 1.1 TITLE JAMES D. CALLAHAN, DDS CALLAHAN, JAMES D. 1.2 NAME NAMI 4461 BAYOU BLUD 4461 BAYOU BLVD 1.3 STREET AODRESS STREET ADDRESS PENSACULA, FC 32503 PENSACOLA FL 1.4 CITY ST - ZIP ODY STZF DELETE ☐ Change Addition 1:11.6 2.1 TITLE NAME 22 NAME 23 STREET ADDRESS STREET ADORESS 2. 4 City - St - ZiP CITY-ST Z# ___ DELETE Change Addition THE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STEEF LADORESS 3.4. CITY-ST-2IP Citie-ST-ZIP Change DECETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ACCORESS 4.3 STREET ADORESS 4.4 CITY - ST- ZIP Q(D) - ST- 7(P) Change Addition DELETE 5.1 TITLE $T \cap L f$ 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP C 11 - 51 - 7(P) Addition DELETE Change 6.1 TITLE THUE

14. I do hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the The release of the annual report of 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 13 if changed, or co an attachment with an address.

6 4 CITY - ST-ZIP

6.3 STREET ADDRESS

6.2 NAME

NAV:

STREET ADDRESS

C TY - ST - ZIP

TAMES D. CALLAHAN, DOS