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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J65907

(4)

FILED
May 05 1997 8:00am
Secretary of State

HEDLUN	ID DENTA	L, INC.								
Principal Place of Business 4284 ENTERPRISE AVE SUITE 84 NAPLES FL 34104 US			4284 ENTERPRIS SUITE B4 NAPLES FL 341	Mailing Address 4284 ENTERPRISE AVE SUITE B4 NAPLES FL 34104-7008 US						
			US				3. Date Incorporated or Qualified 03/30/1987	fied 3a. Date of Last Report 11/18/1996		
2. Principal P	Place of Busin	ness	~~~	28. Mailing Address 26			4. FEI Number 59-2808479	- 1	t-	Applied For Not Applicable
Suite, Apt.	#, etc.		-	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
City & Stat	e		City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Zip	Zip Country			28			8. This corporation has liability for intangible tax under s. 199.032,			
25 9, Name and Address of Current			rent Registered Agen				Florida Statutes Yes No 10, Name and Address of New Registered Agent			
HED	LUND, DAV		, ront flogistic ou rigon	<u> </u>	81	Name	(0, Hamo and Rootsoo of Now He	giotorour	-Botte	
	WEST PLA	CE		82 Street Add			ress (P.O. Box Number is Not Acceptat	ole)		
NAP	LES FL				83					
!					84	City			85 Z	p Code
11. Pursuant	to the provis	ions of Sections 607	.0502 and 607.1508, Flo	orida Statutos	the above	c-named cor	poration submits this statement for the p	FL ourpose of	changing	its registered
office or r agent. I a	registered ag am familiar w	gent, or both, in the S ith, and accept the o	State of Florida. Such chi bligations of, Section 60	ange was au 17.0505, Flori	thorized by da Statutes	the corpora 3.	poration submits this statement for the p tion's board of directors. I hereby accel	pt the appo	ointment a	as registered
SIGNATURE	Signature tunos	for printed name of recisters	d agent and title if applicable.	(NOT)	Registered Ans	on' signature redu	ired when reinstating)	DATE		
12.	9		AND DIRECTORS				ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12
TITLE	P			DLLETE	1.1 TITLE				Change	e
NAME), DAVID E			1.2 NAME					
STREET ADDRESS	574 WES				1.3 STREET	ADDRESS				Į
CITY-ST-ZIP	NAPLES	FL			1.4 CHY-S	1-ZIP				
TITLE				DELETE	2.1 TITLE				Change	e Addition
NAME), Susan D		2.2 NAME						
STREET ADDRESS	574 WES				2.3 STREET	ADDRESS				
CITY-ST-ZIP	NAPLES	FL			2.4 CITY-5	ST-ZIP				
TITLE	1			DELETE	3.1 TITLE				Change	e [] Addition
NAME					3.2 NAME					
STREET ADDRESS					3.3 STREET	ADDRESS				l
CITY-ST-ZIP					3.4. CITY - S	S1- ZIP				
TITLE				DELETE	4.1 TITLE				Change	e [_] Addition
NAME					4. 2 NAME	ļ				
STREET ADDRESS	[4.3 STREET	Į.				ļ
CITY-ST-ZIP	 			DELETE	4.4 CITY - S	T-ZIP			Change	e
TITLE	l		Li	ULLLIE	51 TILE				☐ Change	: FT VADDIDOU
NAME PERFECT ARRESTOS	ĺ				5.2 NAME	ADDOLOS				
STREET ADDRESS					5 3 STREET					
CITY-ST-ZIP TITLE	 			DELETE	54 DITY-S	I - ZIP			☐ Change	e
]		L	PELLIL	6.1 TITLE				change	, LT VORIDAR
NAME	1				6.2 NAME	1				1

6.3 STREET ADDRESS 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 eath; that I am an officer or director of the corporation or the reciviver 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 in handled, of in an intachment with an address.