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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J70858**

(2)

1. Corporation Name

SUSAN L. DIETRICH, D.M.D., P.A.



Principal Place of Business

**PADDOCK PARK PROFESSIONAL CENTER
3200 SW 34 AVE. BLD 400
OCALA FL 34474
US**

Mailing Address

**PADDOCK PARK PROFESSIONAL CENTER
3200 SW 34 AVE. BLD 400
OCALA FL 34474-7408
US**

3. Date Incorporated or Qualified

04/17/1987

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

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29

30

g. Name and Address of Current Registered Agent

**LAMBERT, BEVERLY A., ESQ.
PATTILLO & MCKEEVER P.A.
2100 S.E. 17TH ST., STE. 300
OCALA FL 32671**

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

TITLE

DPY

☐ DELETE

NAME

DIETRICH, SUSAN L.

STREET ADDRESS

5474 S.W. 31ST ST

CITY - ST - ZIP

OCALA FL

TITLE

VS

☐ DELETE

NAME

DIETRICH, STEVE

STREET ADDRESS

5474 S.W. 31ST ST

CITY - ST - ZIP

OCALA FL

TITLE

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1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

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 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 if changed, or on an attachment with an address.

SIGNATURE:

Steve Dietrich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Dietrich V-P

Date

2/13/97

Daytime Phone #

237-4172

0438254

CR2E034 (9/96)