


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

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J79769 (2) 1. Corporation Name DAVID L. RAASS, D.M.D., P.A.			
Principal Place of Business C/O DAVID L. RAASS SUITE 1 BONITA SPRINGS FL 34134 US		Mailing Address C/O DAVID L. RAASS 105 JUMENTO CAY LANE BONITA BEACH FL 33923 US	
2. Principal Place of Business 21 3635 BONITA BEACH Rd Suite, Apt. #, etc. 22 SUITE 1 City & State 23 BONITA SPRINGS, FL Zip 24 34134 Country 25 US		2a. Mailing Address 26 3635 BONITA BEACH Rd Suite, Apt. #, etc. 27 SUITE 1 City & State 28 BONITA SPRINGS, FL Zip 29 34134 Country 30 USA	
9. Name and Address of Current Registered Agent RAASS, DAVID L. 105 JUMENTO CAY LANE BONITA BEACH FL 33923		10. Name and Address of New Registered Agent 81 Name DAVID L. RAASS 82 Street Address (P.O. Box Number is Not Acceptable) 3635 BONITA BEACH Rd 83 84 City BONITA SPRINGS FL 85 Zip Code 34134	
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 <i>David L. Raass</i> DAVID L. RAASS (Pres) 1-8-98 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-installing.) DATE			
12. OFFICERS AND DIRECTORS TITLE D NAME RAASS, DAVID L. STREET ADDRESS 105 JUMENTO CAY LANE CITY-ST-ZIP BONITA BEACH FL 34134 2040 IMPERIAL CIRCLE NAPLES, FL 34110 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/25/1987	
4. FEI Number 59-2823320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

14. I 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: *David L. Raass* DAVID L. RAASS 1-8-98 941-947-5858

CR2E034 (10/97)