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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J91171

(5)

FILED Apr 09 1997 8:00am Secretary of State

BRUCE L. KAUFMANN, D.D.S., P.A. Principal Place of Business Mailing Address * JAMES H. SHEEHAN 4131 UNIVERSITY BLVD. S. #14 JACKSONVILLE FL 32216 BRUCE L. KAUFMANN, D.D.S., P.A. Mailing Address * JAMES H. SHEEHAN 4131 UNIVERSITY BLVD. S. #14 JACKSONVILLE FL 322164356						
2				3. Date Incorporated or Qualified	3a. Date of I	•
				08/25/1987	04/05/	1996
	Place of Business	2a. Mailing Address		4. FEI Number	Ļ	Applied For
21]		26		59-2850391		Not Applicable
Suite, Apt	. ₽, €(C	Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional see Required
City & Sta	de	City & State		A Stable Committee Committee		
23	110:	28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for		
24	25	29	30		Yes No	NGC1 3: 133:032;
<u></u>	9. Name and Address of Curre		LT.1	10. Name and Address of New Re	gistered Agent	
8	HEEHAN, JAMES H.		81 Name			
	131 UNIVERSITY BLVD. S. #14		82 Street Add	Iress (P.O. Box Number is Not Acceptat	nle)	
J	ACKSONVILLE FL 32216					
			83			
			84 City		85	Zip Code
			U4 City		FL °°	zip code
office or agoni i	registered agent or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was a	authorized by the corpora	poration submits this statement for the partition's board of directors. I hereby acception	pt the appointme	ent as registered
office or agon 1 SIGNATURE	am familiar with, and accept the oblig Securing typid is perfed time of registered a OFFICERS A	te of Florida. Such change was a gations of, Section 607.0505, Flo gent and tick if applicable (NO): ND DIRECTORS	authorized by the corpora orida Statules. E. Registered Agent signature requi	ation's board of directors. I hereby acce	DATE CERS AND DIRE	CTORS IN 12
office or agent 1 SIGNATURE 12.	am familiar with, and accept the oblights and accept the oblights are sense, lightly by the Tanas of registered a OFFICERS At D	te of Florida. Such change was a gations of, Section 607.0505, Flo	authorized by the corpora brida Statules. E Registered Agent signature requi	ation's board of directors. I hereby acce	pt the appointme	CTORS IN 12
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14. I do have by 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 direction 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:

EXPOSTOR FRINTED NAME OF STRAINING OFFICER OF OREGION ON DISTANCE PROPERTY OF STRAINING OFFICER OF OREGION OF STRAINING OFFICER OF OREGINN OF STRAINING OFFICER OFFICE

(25034 (3/36)