

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 23 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 # J91171 (5)  
 1. Corporation Name  
 BRUCE L. KAUFMANN, D.D.S., P.A.



Principal Place of Business: % JAMES H. SHEEHAN, 4131 UNIVERSITY BLVD. S. #14, JACKSONVILLE FL 32216  
 Mailing Address: % JAMES H. SHEEHAN, 4131 UNIVERSITY BLVD. S. #14, JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE  
 3. Date incorporated or Qualified: 08/25/1987

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2850391 Applied For (checkbox) Not Applicable (checkbox)  
 5. Certificate of Status Desired (checkbox) \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution (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. (checkbox) Yes (checkbox) No

9. Name and Address of Current Registered Agent  
 SHEEHAN, JAMES H.  
 4131 UNIVERSITY BLVD. S. #14  
 JACKSONVILLE FL 32216

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMANN, BRUCE L.	1.2 NAME	
STREET ADDRESS	4131 UNIVERSITY BLVD SO.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Handwritten signature and date: 7/23

700002602257  
 -07/30/98--01008--047  
 \*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Bruce Kaufmann D.D.S. 7-7-98 904-737-3660

CR2E034 (5/98)

BRUCE KAUFMANN, D.D.S.

(904) 737-3662

July 20, 1998

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Florida Department Of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It Concerns:

Please be advised once again, that I did not receive the first notice for my corporate renewal. I was told via telephone from your office to send the \$150.00 which I promptly did.

As you know it certainly is not in my best interest to ignore the first notice and incur a \$400.00 penalty.

Thank you in advance for your consideration in this matter.

Sincerely,

*Bruce Kaufmann D.D.S.*

Bruce Kaufmann, D.D.S.

BK/cj