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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

DOCUMENT # K54802



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(9)

FILED Mar 25 1997 8:00am Secretary of State

BRUCE	S. KENNEDY, D.M.D.,M.D.	, P.A.			 	100
Principal Francis of Belefics 411 LAKEBRIDGE PLAZA DR. ORMOND BEACH FL 32174 US			411 LAKEBRIDGE PLAZA DRIVE ORMOND BEACH FL 32174-5157			
					3. Date Incorporated or Qualified 12/22/1988	3a. Date of Last Report 04/01/1996
2. Premipa l	flance of Eursinees	2a. Mailing Address	2a. Mailing Address		4, FEI Number	Applied For
		26			59-2914263	Not Applicable
Saite, Apt. # iels. [2]		Suite Apt. #. etc	- 		5. Certificate of Status Desired	\$8.75 Additional Fee Required
≛II. — Ony & Stara		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
- Z е	Country	Zp	Countr	у	8. This corporation has liability for i	
24	25 9. Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes 10. Name and Address of New Reg	Yes No
KEN	INEDY, BRUCE S.	The ground of Angelin	8	Name	10. Name and Address of New Yes	Jistoreu Agent
	LAKEBRIDGE PLAZA DR.		82	Ctrool Add	ress (P.O. Box Number is Not Accepteb	1
	MOND BEACH FL 32174		8:		ress (r.O. Box Number Is NOt Acceptab	le)
				0.00		Tank to the
			84	City		FL 85 Zip Code
SIGNATURE	am familiar with, and viccept the obli-	gations of, Section 607.0505, F	Florida Statute	es .	tion's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
111 F	PD	DELETE	1.1 70 f.E			Change Addition
t/AMI	KENNEDY, BRUCE S.		1.2 NAME			
SIM 红 医甲酰 3	411 LAKEBRIDGE PLAZA DR		13 STREE	T ADDRESS		
(0) 5/ 72 THE	ORMOND BEACH FL	DELETE	14 CITY- 21 TITLE	ST-ZIP		Change Addition
MAM	KENNEDY, LESA-D.	pro tatta	2.2 NAME			Li change Li Audition
Selfit LXDDHESS	411 LAKEBRIDGE PLAZA DR	•		T ADDRESS		
01 4 51 76	OFMOND BCH FL	<u>_</u>	2 4 CITY	ST-ZIP		
141.1		DEFETE	3 1 TITLE			Change Addition
BAME			3.2 NAME			•
SUBJECT ADDRESS				T ADDRESS		
明光系 <i>元</i> 。 1833		DELETC	34 CITY 41 DILE	S1-ZIP		Change Addition
nam			4 2 NAM			
\$158 (TAD)(9155)			4 3 STHEE	T ADDRESS		
(0.8.01.7.5)		·	4.4 CiTY-	ST-ZIP		
H/ F		L. J. DELFTE	5 1 TITLE			Change Addition
NAME STREET A CHEEKS			5.2 NAME	1 ADDOLOG		
CHY SI 76			5.4 City-	T ADDRESS		
1111		DELETE	61 117LF	21. 11		Change Addition
$^{3}A_{i}^{A}A_{i}$			6.2 NAME			**
5158 1 MORESS			63 STREE	1 ADDRESS		
2014-51-7E	Last appropriate to the control of t		6.4 CITY -		440.07/07/	
informate Lamaria	on indicated on this annual report or	supplemental/admual report is or the receiver or trustee empo	strue and acc swered to exe	urate and that	d in Section 119.07(3)(i), Florida Statutes I my signature shall have the same lega rt as required by Chapter 607, Florida S	effect as if made under oath, that

OF SIGNING OFFICER OR DIRECTOR