

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 11 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K76751 (2)**

1. Corporation Name

**EDWARD W. METZGER JR., D.D.S., P.A.**

Principal Place of Business

1245 UNIVERSITY DR.  
1245 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33071  
US

Mailing Address

1245 UNIVERSITY DR.  
CORAL SPRINGS FL 33071  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/27/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0119860** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 **1265 University Drive**

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Coral Springs FL**

27 City & State

28 **Coral Springs FL**

24 Zip

24 **33071**

Country

25 **Broward**

29 Zip

29 **33071**

Country

30 **US**

9. Name and Address of Current Registered Agent

**METZGAR, EDWARD W. JR  
1245 UNIVERSITY DR  
CORAL SPRINGS FL 33307**

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 re-elected)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	METZGAR, EDWARD W JR	1245 UNIVERSITY DR CORAL SPRINGS FL	
S	METZGAR, KIM	1245 UNIVERSITY DR. CORAL SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
11		1265 University Drive		<input checked="" type="checkbox"/>	<input type="checkbox"/>
21		1265 University Drive		<input checked="" type="checkbox"/>	<input type="checkbox"/>
31				<input type="checkbox"/>	<input type="checkbox"/>
41				<input type="checkbox"/>	<input type="checkbox"/>
51				<input type="checkbox"/>	<input type="checkbox"/>
61				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95 305-345-7592  
DATE (Type in Block 2)