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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L03934** **(1)**

1. Corporation Name

DENTAL HEALTH SERVICES OF TAMPA BAY, P.A.

Principal Place of Business	Mailing Address
3302 W. DR MIK BLVD STE 2060 TAMPA FL 33607 US	P O BOX 15149 SUITE 258 TAMPA FL 33684-149 US

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

3. Date Incorporated or Qualified: **07/17/1989**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **59-2768353** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

WALKER, MICHAEL J.
33021 W. DR. MARTIN LUTHER KING BLVD
TAMPA FL 33607

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 617.1505, 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 of New Registered Agent, if Changing — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	BARAK, JOEL P.	1.2 NAME
STREET ADDRESS	240 WINDWARD PASSAGE 404	1.3 STREET ADDRESS
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP
TITLE	D ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	WELCH, MICHAEL	2.2 NAME
STREET ADDRESS	195 CORSICA AVE.	2.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP
TITLE	D ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	SWARTZ, EDWARD M.	3.2 NAME
STREET ADDRESS	15843 COUNRTY LAKE DR.	3.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP
TITLE	D ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	BERGLUND, DONALD J.	4.2 NAME
STREET ADDRESS	14126 FENNSBURY DR.	4.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP
TITLE	P ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	WALKER, MICHAEL, J	5.2 NAME
STREET ADDRESS	16131 CARDEN DR	5.3 STREET ADDRESS
CITY-ST-ZIP	ODESSA FL	5.4 CITY-ST-ZIP
TITLE	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and correct. Corrected and 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, including any required 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: pres. 4/15/96 (813) 960-8896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #