

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L05920 (8)

1. Corporation Name

THE DENTOFACIAL INSTITUTE, P.A.

Principal Place of Business

1214 MARINER BLVD.
SPRING HILL FL 34609

Mailing Address

1214 MARINER BLVD.
SPRING HILL FL 34609



3. Date Incorporated or Qualified

07/28/1989

3a. Date of Last Report

07/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2979612

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

Zip

Country

Zip

Country

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEAD, MICHAEL D.
1214 MARINER BLVD.
SPRING HILL FL 34609

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 for printed name of registered agent and for applicant

(NOTE: Registered Agent's signature required when reappointing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HEAD, MICHAEL D
STREET ADDRESS 4445 LAKE IN THE WOODS DR.
CITY-STATE-ZIP SPRING HILL FL

☐ DELETE

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NAME
STREET ADDRESS
CITY-STATE-ZIP

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14 CITY-STATE-ZIP

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34 CITY-STATE-ZIP

41 TITLE
42 NAME
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44 CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Digitized by...

CR2E034 (3/96)