## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L23378

(7)

LINDA L. WITHEROW, D.D.S., P.A.

FILED
Apr 28 1998 8:00am
Secretary of State

Principal Place	of Business	Mailing Address			
78SS W GULF TO LAKE HWY SUITE B CRYSTAL RIVER FL 34429 US		7655 W GULF TO LAKE HWY SUITE 8 CRYSTAL RIVER FL 34429 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  10/16/1989
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			<b>59-2976879</b> Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	<del> </del>		5. Certificate of Status Desired See Required Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip <b>29</b>	Count	ry	B. This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.      ☑ Yes
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
WITHEROW, LINDA L.			8		Name
7655 W GULF TO LAKE HWY SUITE 8			8:	2 Si	Street Address (P.O. Box Number is Not Acceptable)
	STAL RIVER FL 34429		8	3	
			8	4 C	City FL 85 Zip Code
office or repagent. I am	the provisions of Sections 607.0 gistered agent, or both, in the Sta familiar with, and accept the ob	ate of Florida. Such change was	s authorized i	ov the	named corporation submits this statement for the purpose of changing its registered he corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					

Stonature, typed or printed name of registered agent and title II applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE Addition TITLE 1.1 TITLE WITHEROW, LINDA L. D.D.S 1.2 NAME 7655 W GLF TO LK HWY #8 STREET ADDRESS 1.3 STREET ADDRESS CRYSTAL RIVER FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 4 1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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.

6.3 STREET ADDRESS

Linda L Witherow

4/21/98

252/705 5025