

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L92864 (2)
1. Corporation Name
JAMES J. CRANDALL, D.D.S., PROFESSIONAL ASSOCIAT
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Principal Place of Business 28441 US 41 SUITE 206 BONITA SPRINGS FL 34134 US	Mailing Address 28441 US 41 SUITE 206 BONITA SPRINGS FL 33923
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 28921 Winthrop Circle SW Suite, Apt. #, etc. 22 City & State 23 Bonita Springs, Florida Zip Country 24 34134 25 USA		2a. Mailing Address 26 28921 Winthrop Circle SW Suite, Apt. #, etc. 27 City & State 28 Bonita Springs, Florida Zip Country 29 34134 30 USA		3. Date Incorporated or Qualified 07/27/1990	
		4. FEI Number 65-0206684		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CRANDALL, JAMES J. 28441 US 41 SUITE 206 BONITA SPRINGS FL 34134				10. Name and Address of New Registered Agent 81 Name Crandall, James J. 82 Street Address (P.O. Box Number is Not Acceptable) 28921 Winthrop Circle SW 83 84 City Bonita Springs, FL 85 Zip Code 34134			
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	1.1 TITLE	Address Only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANDALL, JAMES J., DDS	1.2 NAME	
STREET ADDRESS	28441 US 41 #206	1.3 STREET ADDRESS	28921 Winthrop Circle SW
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 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 incorporator or organizer 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: [Signature] DATE: 4/30/98 (PULL) 992 4477

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