
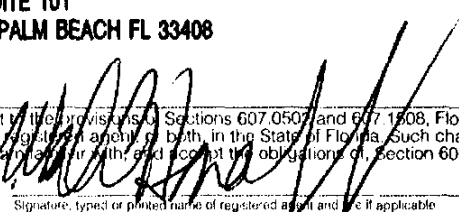
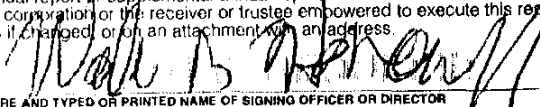


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L98682 (2) 1. Corporation Name WADE B. HARROUFF, D.D.S., P.A.					
Principal Place of Business 880 US HWY 1 SUITE 101 N PALM BEACH FL 33408			Mailing Address 880 US HWY 1 SUITE 101 N PALM BEACH FL 33408-3825		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/04/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996	
22 City & State		27 City & State		4. FEI Number 65-0217266	
23 Zip		28 Zip		Applied For <input type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent HARROUFF, WADE B. 880 US HWY 1 SUITE 101 N PALM BEACH FL 33408				10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0507 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 understand and accept the obligations of Section 607.0505, Florida Statutes.				81 Name	
SIGNATURE 				82 Street Address (P.O. Box Number is Not Acceptable)	
(NOTE: Registered Agent signature required when reinstating)				83	
DATE				84 City	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		D <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		HARROUFF, WADE B.		1.2 NAME	
STREET ADDRESS		880 US HWY 1 #101		1.3 STREET ADDRESS	
CITY-ST-ZIP		N PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 do 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					



CR2E034 (9/96)