

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -3 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99493** (3)

1. Corporation Name  
**WEST OAK RIDGE DENTAL ASSOCIATES, P.A.**

Principal Place of Business      Mailing Address  
**2338 WEST OAK RIDGE ROAD      2338 WEST OAK RIDGE ROAD**  
**ORLANDO FL 32809                      ORLANDO FL 32809**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified      3a. Date of Last Report  
**09/13/1990                                      07/29/1994**

4. FEI Number      Applied For  
**59-3027168                                      Not Applicable**

5. Certificate of Status Desired       \$8.75 Additional Fee Required

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

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

2. Principal Place of Business      2a. Mailing Address

21.      26.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

22.      27.  
City & State      City & State

23.      28.  
Zip      Country      Zip      Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATKINS, D. MICHAEL**  
**949 N. PINE HILLS ROAD**  
**ORLANDO FL 32808-7253**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

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, Title or printed name of registered agent and the filer)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATKINS, D. MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>4350 WINDERLAKES DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	1.4 CITY - ST - ZIP	
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, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

*D. Michael Watkins, DMD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**D. Michael Watkins, DMD**

**2-28-95**  
DATE

**467-859-7444**  
TELEPHONE NUMBER