

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

FILED

Mar 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M68140** (6)

1. Corporation Name  
**DONALD R. CURL, D.D.S., P.A.**



Principal Place of Business <b>% DONALD R. CURL D.D.S. 5 HARVARD CIR., #105 W PALM BEACH FL 33409</b>	Mailing Address <b>% DONALD R. CURL D.D.S. 5 HARVARD CIR., #105 W PALM BEACH FL 33409-1879</b>
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3. Date Incorporated or Qualified <b>02/01/1988</b>	3a. Date of Last Report <b>04/19/1996</b>
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2. Principal Place of Business 21 <b>470 Columbia Drive</b> Suite, Apt. #, etc. 22 <b>Suite E 101</b> City & State 23 <b>West Palm Beach, FL</b> Zip 24 <b>33409</b> Country 25 <b>Palm Beach</b>	2a. Mailing Address 26 <b>470 Columbia Drive</b> Suite, Apt. #, etc. 27 <b>Suite E 101</b> City & State 28 <b>West Palm Beach, FL</b> Zip 29 <b>33409</b> Country 30 <b>Palm Beach</b>	4. FEI Number <b>65-0024696</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**CURL, DONALD R., D.D.S.  
5 HARVARD CIR., #105  
W PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name <b>Curl, Donald R. D.D.S.</b>	85 Zip Code <b>33409</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>470 Columbia Drive, Suite E 101</b>	
83	
84 City <b>West Palm Beach</b>	<b>FL</b>

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CURL, DONALD R.</b>		1.2 NAME <b>Curl, Donald R.</b>	
STREET ADDRESS <b>5 HARVARD CIR., #105</b>		1.3 STREET ADDRESS <b>470 Columbia Dr, Ste E 101</b>	
CITY-ST-ZIP <b>W PALM BEACH FL</b>		1.4 CITY-ST-ZIP <b>West Palm Beach, FL 33409</b>	
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: *Donald R. Curl* **DONALD R. CURL**

3-10-97

561-684-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0302271

CR2E034 (9/96)