

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

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M83816** (2)  
1. Corporation Name  
**KENDALL C. WISE, D.D.S., P.A.**



Principal Place of Business <b>% KENDALL C. WISE 807 SPYGLASS LANE NAPLES FL 33940</b>	Mailing Address <b>% KENDALL C. WISE 807 SPYGLASS LANE NAPLES FL 33940</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 Kendall C. Wise</b> Suite, Apt. #, etc. <b>22 849 7th Ave South Suite 103</b> City & State <b>23 Naples, FL</b> Zip <b>24 34102</b>		2a. Mailing Address <b>26 Kendall C Wise</b> Suite, Apt. #, etc. <b>27 849 7th Ave South Suite 103</b> City & State <b>28 Naples, FL</b> Zip <b>29 34102</b>		3. Date Incorporated or Qualified <b>06/01/1988</b>	4. FEI Number <b>65-0050813</b>	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>WISE, KENDALL C. 849 7TH AVE SOUTH SUITE 103 NAPLES FL 34102</b>		10. Name and Address of New Registered Agent <b>B1 Name</b> <b>B2 Street Address (P.O. Box Number is Not Acceptable)</b> <b>B3</b> <b>B4 City</b> <b>FL</b> <b>B5 Zip Code</b>	
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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 \_\_\_\_\_ (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>	NAME <b>WISE, KENDALL C.</b>	11 TITLE	12 NAME
STREET ADDRESS <b>849 7TH AVE SOUTH SUITE 103</b>		13 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL</b>	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP	
TITLE	NAME	21 TITLE	22 NAME
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	24 CITY-ST-ZIP	
TITLE	NAME	31 TITLE	32 NAME
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	34 CITY-ST-ZIP	
TITLE	NAME	41 TITLE	42 NAME
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	44 CITY-ST-ZIP	
TITLE	NAME	51 TITLE	52 NAME
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	54 CITY-ST-ZIP	
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	64 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 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:  4/8/98 941-263-0792

CR2E034 (10/97)