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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M84502 (7)

1. Corporation Name

THOMAS J. SPRINGER, D.D.S., P.A.



Principal Place of Business

886 DAHLIA LANE  
VERO BEACH FL 32963

Mailing Address

886 DAHLIA LANE  
VERO BEACH FL 32963

3. Date Incorporated or Qualified

06/08/1988

3a. Date of Last Report

02/27/1995

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

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOWICKI, MARK J.  
3300 PGA BOULEVARD  
PALM BEACH GARDENS FL 33410

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP

PD  
SPRINGER, THOMAS J.  
886 DAHLIA LN  
VERO BEACH FL

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

ST  
SPRINGER, THOMAS J.  
886 DAHLIA LN  
VERO BEACH FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Thomas J. Springer DDS P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-96 407-231-6949

Date

Day/Even Phone #

CR2E034 (12/95)