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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M88479

Corporation Name

ANTHONY THOMAS DEAN, D.D.S., JOHN B. KELLEY, D.D .S., AND W. RICHARD WOODWARD, D.D.S., P.A.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90022 038 ***150.00

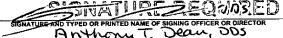


Principal Place of Business	Mailing Address						
945 LANE AVE. SOUTH JACKSONVILLE FL 32205 945 LANE AVE. SOUTH JACKSONVILLE FL 32205				DO NOT WRITE IN	THIS SPACE	<u> </u>	
				3. Date Incorporated or Qualifed 07/05/1988			
2. Principal Place of Business	2a. Mailing Addr	ess		4, FEI Number	L	Applied For	
21	26			59-2896134		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #,	etc.		5. Certifcate of Status Desired	• -	75 Additional ee Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip Country	Zip Country		8. This corporation owes the current year Intangible				
24 25	29	30		Personal Property Tax.	☐ Yes	No No	
9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Regist	ered Agent		
		81	Name				
HOLBROOK, H. LEON 2301-INDEPENDENT SQUARE		82	Street Addr	et Address (P.O. Box Number is Not Acceptable)			
ONE INDEPENDENT DRIVE		83					
JACKSONVILLE FL 32202		84	City		FL T	Zip Code	
Pursuant to the provisions of Sections 60 office or registered agent, or both, in the sagent. I am familiar with, and accept the capet.	State of Florida, Such chan	de was authorized by	ine corporaut	oration submits this statement for the purpoon's board of directors. I hereby accept the	se of changir appointment	ng its registered as registered	
SIGNATURE Signature, typed or printed name of register	ed agent and title if applicable.	(NOTE: Registered Agent	t signature required	d when reinstating) DA	TE		

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE	: Registered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	D DELETE	1.1 TITLE	☐ Change	Addition
NAME	DEAN, ANTHONY THOMAS	1.2 NAME		
STREET ADDRESS	945 LANE AVE., SO.	1.3 STREET ADORESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	D DELETE	2.1 TMLE	☐ Change	Addition
NAME	KELLEY, JOHN R.	2.2 NAME		
STREET ADDRESS	945 LANE AVE., SO.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2. 4 CITY-ST-ZIP		
TITLE	D DELETE	3.1 TITLE	Change	Addition
NAME	WOODWARD, W. RICHARD	3.2 NAME		
STREET ADORESS	945 LANE AVE., SO.	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		, 5.3 STREET AODRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1 0 5 440 07(0VI) El 11 011 11 11 11 11 11 11 11 11 11 11 11	

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, with all other like empowered.

SIGNATURE:



CR2E034 (11/98)