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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M91307 (2)  
1. Corporation Name  
CHARLES CANO, D.D.S., P.A.



Principal Place of Business: ~~C/O CARLOS CANO 14535 SW 139 CT MIAMI FL 33186~~  
Mailing Address: ~~C/O CARLOS CANO 14535 SW 139 CT MIAMI FL 33186-7278~~  
*C/O Charles Cano c/o Charles Cano*

3. Date Incorporated or Qualified: 07/27/1988  
3a. Date of Last Report: 01/23/1996  
4. FEI Number: 65-0050720  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 2176 TAMIAH TRAIL N. Naples, Florida  
2a. Mailing Address: 26 320 SPAVIEW CT #901 MARCO ISLAND, FLORIDA  
22 Suite, Apt. #, etc.: Naples, Florida  
27 #901  
23 City & State: Naples, Florida  
28 MARCO ISLAND, FLORIDA  
24 Zip: 33940 Country: USA  
29 Zip: 34145 Country: USA  
9. Name and Address of Current Registered Agent: CANO, CARLOS, D.D.S. 14535 SW 139TH CT MIAMI FL 33186  
10. Name and Address of New Registered Agent: 81 Name: CHARLES CANO D.D.S. 82 Street Address (P.O. Box Number is Not Acceptable): 320 SPAVIEW COURT #901 83 84 City: MARCO ISLAND FL 85 Zip Code: 34145

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	PS	1.1 TITLE	D.S.
NAME	CANO, CARLOS	1.2 NAME	CHARLES CANO, D.D.S.
STREET ADDRESS	14535 SW 139TH CT	1.3 STREET ADDRESS	320 SPAVIEW CT #901
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MARCO ISLAND, FLA 34145
TITLE	VT	2.1 TITLE	VT
NAME	CANO, CLARA B.	2.2 NAME	CLARA B. CANO
STREET ADDRESS	14535 SW 139TH CT	2.3 STREET ADDRESS	320 SPAVIEW CT #901
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	MARCO ISLAND, FLA. 34145
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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: *Charles Cano D.D.S.* Charles CANO D.D.S. 1-10-97 941-403-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)