

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000002509 (6)

1. Corporation Name

NICEVILLE FAMILY DENTAL CENTER, INC.



Principal Place of Business

203 W JOHN SIMS PKWY
NICEVILLE FL 32578

Mailing Address

203 W JOHN SIMS PKWY
NICEVILLE FL 32578

3. Date Incorporated or Qualified

01/07/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3157066

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

ZAPATA, RALF P
203 W JOHN SIMS PKWY
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ZAPATA, RALF P
STREET ADDRESS
203 W JOHN SIMS PKWY
CITY-ST-ZIP
NICEVILLE FL 32578

TITLE ☐ DELETE

NAME
ZAPATA, RHONDA M.
STREET ADDRESS
203 W JOHN SIMS PKWY
CITY-ST-ZIP
NICEVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME
Zapata, Ralf P.
1.3 STREET ADDRESS
203 W. John C. Sims Parkway
1.4 CITY-ST-ZIP
Niceville, FL 32578

2.1 TITLE Secretary ☒ Change ☐ Addition

2.2 NAME
Zapata, Rhonda M.
2.3 STREET ADDRESS
203 W. John C. Sims Parkway
2.4 CITY-ST-ZIP
Niceville, FL 32578

3.1 TITLE Vice President ☐ Change ☒ Addition

3.2 NAME
Hall, Gary W.
3.3 STREET ADDRESS
203 W. John C. Sims Parkway
3.4 CITY-ST-ZIP
Niceville, FL 32578

4.1 TITLE Treasurer ☐ Change ☒ Addition

4.2 NAME
Hall, Connie S.
4.3 STREET ADDRESS
203 W. John C. Sims Parkway
4.4 CITY-ST-ZIP
Niceville, FL 32578

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 as an attachment with an address.

SIGNATURE: Rhonda M. Zapata

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 February 96 (904)729-1223

Date

Daytime Phone #

CR2E034 (12/95)