

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000009341 (7)**

ROBERT L. PENTECOST D.D.S., P.A.



Principal Place of Business: 3127 ATLANTIC BLVD, STE 113, JACKSONVILLE FL 32207 US
Mailing Address: C/O DAVID A. KING ATTORNEY, 1416 KINGSLEY AVENUE, ORANGE PARK FL 32073

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for State, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 04/01/1993
3a. Date of Last Report: 02/20/1995
4. FEI Number: 59-3171814
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: KING, DAVID A, ATTORNEY AT LAW, 1416 KINGSLEY AVENUE, ORANGE PARK FL 32073

10. Name and Address of New Registered Agent (81-84) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE: D	<input type="checkbox"/> DELETE	11.1 TITLE: DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME: PENTECOST, ROBERT L		11.2 NAME:	
11.3 STREET ADDRESS: 2186 GLENCOE DRIVE		11.3 STREET ADDRESS:	
11.4 CITY-STATE-ZIP: ORANGE PARK FL 32073		11.4 CITY-STATE-ZIP:	
11.5 TITLE:	<input type="checkbox"/> DELETE	11.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 NAME:		11.6 NAME:	
11.7 STREET ADDRESS:		11.7 STREET ADDRESS:	
11.8 CITY-STATE-ZIP:		11.8 CITY-STATE-ZIP:	
11.9 TITLE:	<input type="checkbox"/> DELETE	11.9 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 NAME:		11.10 NAME:	
11.11 STREET ADDRESS:		11.11 STREET ADDRESS:	
11.12 CITY-STATE-ZIP:		11.12 CITY-STATE-ZIP:	
11.13 TITLE:	<input type="checkbox"/> DELETE	11.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 NAME:		11.14 NAME:	
11.15 STREET ADDRESS:		11.15 STREET ADDRESS:	
11.16 CITY-STATE-ZIP:		11.16 CITY-STATE-ZIP:	
11.17 TITLE:	<input type="checkbox"/> DELETE	11.17 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18 NAME:		11.18 NAME:	
11.19 STREET ADDRESS:		11.19 STREET ADDRESS:	
11.20 CITY-STATE-ZIP:		11.20 CITY-STATE-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 on an attachment with an address.

SIGNATURE: *Robert L. Pentecost*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert L. Pentecost, President

12 Feb 96 904 396 1040

CR2E034 (12/95)