

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

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**Mar 19 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000009341 (7)**

1. Corporation Name  
**ROBERT L. PENTECOST D.D.S., P.A.**



Principal Place of Business Mailing Address  
~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~  
US  
**C/O DAVID A. KING ATTORNEY  
1416 KINGSLEY AVENUE  
ORANGE PARK FL 32073-4509**

2. Principal Place of Business 2a. Mailing Address  
21 **2233 Park Avenue** 26  
Suite, Apt. #, Ct. Suite, Apt. #, etc.  
22 **Suite 401** 27  
City & State City & State  
23 **Orange Park, FL** 28  
Zip Country Zip Country  
24 **32073** 25 **USA** 29 **30**

3. Date Incorporated or Qualified **04/01/1993** 3a. Date of Last Report **02/15/1996**  
4. FEI Number **59-3171814** 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  
**KING, DAVID A  
ATTORNEY AT LAW  
1416 KINGSLEY AVENUE  
ORANGE PARK FL 32073**

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 Section 607.0402 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  
11.1 TITLE  DELETE  
11.2 NAME **D PENTECOST, ROBERT L**  
11.3 STREET ADDRESS **2186 GLENCOE DRIVE**  
11.4 CITY-ST-ZIP **ORANGE PARK FL 32073**  
11.5 TITLE  DELETE  
11.6 NAME  
11.7 STREET ADDRESS  
11.8 CITY-ST-ZIP  
11.9 TITLE  DELETE  
11.10 NAME  
11.11 STREET ADDRESS  
11.12 CITY-ST-ZIP  
11.13 TITLE  DELETE  
11.14 NAME  
11.15 STREET ADDRESS  
11.16 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
12.1 TITLE  Change  Addition  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST-ZIP  
12.5 TITLE  Change  Addition  
12.6 NAME  
12.7 STREET ADDRESS  
12.8 CITY-ST-ZIP  
12.9 TITLE  Change  Addition  
12.10 NAME  
12.11 STREET ADDRESS  
12.12 CITY-ST-ZIP  
12.13 TITLE  Change  Addition  
12.14 NAME  
12.15 STREET ADDRESS  
12.16 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 or on an attachment to an address.

SIGNATURE: *Robert L. Pentecost, President* 10 Mar 97 (904) 269-5520  
Robert L. Pentecost, President

CR2E034 (9/96)