

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

FILED
May 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
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DOCUMENT # P93000017761 (6)

1. Corporation Name
SAFETY HARBOR ORTHODONTICS, INC.

Principal Place of Business 701 ENTERPRISE ROAD EAST SUITE 705 SAFETY HARBOR FL 34695	Mailing Address 701 ENTERPRISE ROAD EAST SUITE 705 SAFETY HARBOR FL 34695-5342
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2. Principal Place of Business 21 SAFETY Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/01/1993		3a. Date of Last Report 03/25/1996	
				4. FEI Number 59-3185633		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent HESS, VIOLET 701 ENTERPRISE ROAD EAST SUITE 705 SAFETY HARBOR FL 34695				10. Name and Address of New Registered Agent 81 Name MICHAEL S. WOODDELL 82 Street Address (P.O. Box Number is Not Acceptable) 701 ENTERPRISE RD, E. 83 Suite 705 84 City Safety Harbor FL 85 Zip Code 34695			
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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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **MICHAEL S. WOODDELL** 4/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPST	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOODDELL, MICHAEL S			1.2 NAME			
STREET ADDRESS	701 ENTERPRISE RD. EAST, SUITE 705			1.3 STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL 34695			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HESS, VIOLET			2.2 NAME			
STREET ADDRESS	701 ENTERPRISE RD. EAST, SUITE 705			2.3 STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL 34695			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 in an attachment with an address.

SIGNATURE:  **MICHAEL S. WOODDELL** 4-17-97 2468494
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)