

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Nabors  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY 10 1995 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000019047 (8)**

1. Corporation Name

**CAN DENTAL SOUTH, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
<b>95 BRITTANY LANE PALM COAST FL 32137</b>	<b>95 BRITTANY LANE PALM COAST FL 32137</b>

2. Principal Place of Business	26. Mailing Address	4. FEI Number	3a. Date of Last Report
21	26	<b>NOT APPLICABLE</b>	<b>05/01/1994</b>
22. State, Apt. # etc	27. State, Apt. # etc	5. Certificate of Status Desired	Applied For
22	27	<input type="checkbox"/>	<input type="checkbox"/>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<b>\$8.75 Additional Fee Required</b>
23	28	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. City	25. State	29. City	30. State

9. Name and Address of Current Registered Agent

**KATZ, B. PAUL  
4 OLD KINGS ROAD NORTH  
SUITE B  
PALM COAST FL 32137**

10. Name and Address of New Registered Agent

81. Name	<b>BARBARA NAGY</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>95 BRITTANY LANE</b>
83. City	<b>PALM COAST</b>
84. State	<b>FL</b>
85. Zip Code	<b>32137</b>

11. Pursuant to the provisions of Sections 607.01(2) 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 Sections 607.01(2) and 607.1508, Florida Statutes.

SIGNATURE: *Barbara Nagy* **BARBARA NAGY PRES** DATE: **5-10-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
OFFICE	<b>D</b>	1. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAGY, PAUL</b>	2. NAME	
STREET ADDRESS	<b>95 BRITTANY LANE</b>	3. STREET ADDRESS	
CITY, ST. ZIP	<b>PALM COAST FL 32137</b>	4. CITY, ST. ZIP	
OFFICE	<b>D</b>	5. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAGY, BARBARA</b>	6. NAME	
STREET ADDRESS	<b>95 BRITTANY LANE</b>	7. STREET ADDRESS	
CITY, ST. ZIP	<b>PALM COAST FL 32137</b>	8. CITY, ST. ZIP	
OFFICE		9. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST. ZIP		12. CITY, ST. ZIP	
OFFICE		13. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST. ZIP		16. CITY, ST. ZIP	
OFFICE		17. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST. ZIP		20. 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 119.02(9)(a), 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 treasurer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 17 or Block 18, if changed, or on an attachment with an address.

SIGNATURE: *Barbara Nagy* **BARBARA NAGY PRES** DATE: **5-10-95 (904) 446-1343**