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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000050595 (6)

TMJ AND DENTAL DISORDERS, P.A.

## Principal Place of Business Mailing Address 7640 38TH AVENUE NORTH ST. PETERSBURG FL 33710 7840 38TH AVENUE NORTH ST. PETERSBURG FL 33710 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/20/1993 2, Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3192298 Not Applicable Suite, Apl #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zφ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 26 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSENKRANZ, STANLEY W 201 E. KENNEDY BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 1000 83 **TAMPA FL 33602** 84 City 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 harve of togestered agent and tice if applicable CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 11TITLE TITLE KLEMENT, THOMAS V. NAME 12 NAME 7840 38TH AVENUE, NORTH STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS

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3.4. CITY-ST-ZIP

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6.4 CITY-ST-ZIP 14. I 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 on an attachment with an address.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

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4-28-98

**FILED** 

May 08 1998 8:00am

Secretary of State

Daytime Phone # 0393445

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