

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

FILED
Feb 13 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 # P93000073165 (1)

1. Corporation Name
OVIND E. JENSEN, D.D.S., M.S., INC.



Principal Place of Business 10661 AIRPORT-PULLING RD NAPLES FL 33942	Mailing Address 10661 AIRPORT-PULLING RD NAPLES FL 34109-7335
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3. Date Incorporated or Qualified 10/15/1993	3a. Date of Last Report 04/09/1996
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2. Principal Place of Business 21 OAK TREE MEDICAL CENTER Suite, Apt. #, etc 22 SUITE 20 City & State 23 NAPLES, FL Zip 24 34110	2a. Mailing Address 26 90 CYPRESS WAY EAST Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number 65-0443586 Applied For Not Applicable	5. Certificate of Status Desired <input 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 type="checkbox"/> No
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9. Name and Address of Current Registered Agent JENSEN, OVIND E 10661 AIRPORT-PULLING RD NAPLES FL 33942	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) OAK TREE MEDICAL CENTER, SUITE 20 83 90 CYPRESS WAY EAST 84 City NAPLES FL 85 Zip Code 34110
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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. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JENSEN, OVIND E		1.2 NAME OAK TREE MEDICAL CENTER, SUITE 20	
STREET ADDRESS 10661 AIRPORT-PULLING RD		1.3 STREET ADDRESS 90 CYPRESS WAY EAST	
CITY-ST-ZIP NAPLES FL 33942		1.4 CITY-ST-ZIP NAPLES, FL 34110	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JENSEN, PHYLLIS M		2.2 NAME OAK TREE MEDICAL CENTER, SUITE 20	
STREET ADDRESS 10661 AIRPORT-PULLING RD		2.3 STREET ADDRESS 90 CYPRESS WAY EAST	
CITY-ST-ZIP NAPLES FL 33942		2.4 CITY-ST-ZIP NAPLES, FL 34110	
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 on an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)