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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P93000073165 (1)

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Mar 18 1998 8:00am
Secretary of State

OIVIND E. JENSEN, D.D.S., M.S., INC. Principal Place of Business Mailing Address OAK TREE MEDICAL CTR 90 CYPRESS WAY EAST NAPLES FL 33942 NAPLES FL 34110 US						DO NOT WRIT			
					10/15/11	993			
	Place of Business	2a. Mailing Address			4. FEI Numbe	r		/	Applied For
21		26			65-044	3586		!	Not Applicable
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.			5. Certificate	of Status Desired			Additional Required
City & Stat	te	City & State			6. Election Ca	mpaign Financing		\$5.0	May Be
23		28			Trust Fund	Contribution			to Fees
Zip	Country	Zip	Cou	ntry	8. This corpor	ation owes or has p	aid the curr	ent year l	ntangible
24	25	29	30		1	operty Tax due Jun	\-		□ No
	9, Name and Address of Curre	ent Registered Agent				Address of New R		gent	
.IE	NSEN, OMND E			81 Name					
OA.	NK TREE MEDICAL CTR CYPRESS WAY EAST #20		ł	82 Street	Address (P.O. Box Nur	nber is Not Accepta	ble)		
	PLES FL 34110			83					
				84 City			FL	85 Zip	Code
agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the oblig	ie or norman coor change was							io rogiotoroa
SIGNATURE	Signature, typed or printed name of registered as				required when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NO			required when reinstating)	CHANGES TO OFFI	DATE		PRS IN 12
	Signature, typed or printed name of registered as OFFICE HS AN	geol and tille if applicable (NC	DTE Registered	d Agent signature	required when reinstating)		DATE		PRS IN 12
12.	Signature, typed or printed name of registered as OFFICE HS AN	gent and title if applicable (NO	OTE Registered	d Agent aignature	required when reinstating)		DATE	DIRECTO	PRS IN 12
12. TITLE	Signature, typed or printed name of registered as OFFICE HS AN	gent and tole if applicable (NO NO DIRECTORS DELETE	13, 1.1 Til	d Agent aignature	required when reinstating)		DATE	DIRECTO	PRS IN 12
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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 trustoe 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 this a attachment with an address.

GNATURE:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICES OR DIRECTOR

SIGNATURE: