

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Maynard
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

50 MAY -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000073636 (1)**

1. Corporation Name
ORACARE DENTAL, P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**ORACARE DENTAL, P.A.
780 SR 434, SUITE 1005
ALTAMONTE SPGS. FL 32714
US** **SHETH, JITEN J. DR.
380 SR 434, SUITE 1005
ALTAMONTE SPGS. FL 32714
US**

3. Date Incorporated or Qualified **10/22/1993** 3a. Date of Last Report **01/27/1994**

21. Principal Place of Business	26. Mailing Address	4. FCI Number	Applied For
21	26	59-3215728	<input type="checkbox"/> Not Applicable
22. State Apt # etc.	27. State Apt # etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 380 SR 434, STE. #1005	27		
23. City & State	28. City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	True Fund Contribution	
24. Zip	25. Country	29. Zip	30. Country
24 32714	25	29 32714	30

9. Name and Address of Current Registered Agent
**SHETH, JITEN J. D
380 SR 434, SOUTH
SUITE 1005
ALTAMONTE SPGS. FL 32715**

10. Name and Address of New Registered Agent

B1. Name	SHETH, JITEN J. BDS
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	FL
B5. Zip Code	32714

11. Pursuant to the provisions of Sections 607.05(2), and 607.15(8) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent as 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 607.05(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL (CHANGED) TO OFFICERS AND DIRECTORS IN 12	
NAME	P SHETH, JITEN J.	TITLE	PRESIDENT
STREET ADDRESS	380 SR 434, SUITE 1005	Change	<input type="checkbox"/> Address
CITY	ALTAMONTE SPGS. FL	Change	<input type="checkbox"/> Address
NAME		Change	<input type="checkbox"/> Address
STREET ADDRESS		Change	<input type="checkbox"/> Address
CITY		Change	<input type="checkbox"/> Address
NAME		Change	<input type="checkbox"/> Address
STREET ADDRESS		Change	<input type="checkbox"/> Address
CITY		Change	<input type="checkbox"/> Address
NAME		Change	<input type="checkbox"/> Address
STREET ADDRESS		Change	<input type="checkbox"/> Address
CITY		Change	<input type="checkbox"/> Address
NAME		Change	<input type="checkbox"/> Address
STREET ADDRESS		Change	<input type="checkbox"/> Address
CITY		Change	<input type="checkbox"/> Address

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.05(2), Florida Statutes. I do further certify that the information included in 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 that I am an authorized representative to execute this report as required by Florida Statutes, and that my name appears on the list of the officers or directors of the corporation with an address.

SIGNATURE: **JITEN J. SHETH, BDS** 4/24/95 (407) 774-6888