

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000073636 (1)**

1. Corporation Name  
**ORACARE DENTAL, P.A.**



Principal Place of Business: **ORACARE DENTAL, P.A. 380 SE 434 STE #1005 ALTAMONTE SPGS. FL 32714 US**  
Mailing Address: **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: **05/01/1995**  
4. FEI Number: **59-3215728** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) 2a. Mailing Address (26)  
Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)  
City & State (23) City & State (28)  
Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**SHETH, JITEN J. BDS  
380 SR 434, SOUTH  
SUITE 1005  
ALTAMONTE SPGS. FL 32714**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: \_\_\_\_\_  DELETE  
NAME: **P SHETH, JITEN J.**  
STREET ADDRESS: **380 SR 434, SUITE 1005**  
CITY-ST-ZIP: **ALTAMONTE SPGS. FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: \_\_\_\_\_  Change  Addition  
1.2 NAME: \_\_\_\_\_  
1.3 STREET ADDRESS: \_\_\_\_\_  
1.4 CITY-ST-ZIP: \_\_\_\_\_  
2.1 TITLE: \_\_\_\_\_  Change  Addition  
2.2 NAME: \_\_\_\_\_  
2.3 STREET ADDRESS: \_\_\_\_\_  
2.4 CITY-ST-ZIP: \_\_\_\_\_  
3.1 TITLE: \_\_\_\_\_  Change  Addition  
3.2 NAME: \_\_\_\_\_  
3.3 STREET ADDRESS: \_\_\_\_\_  
3.4 CITY-ST-ZIP: \_\_\_\_\_  
4.1 TITLE: \_\_\_\_\_  Change  Addition  
4.2 NAME: \_\_\_\_\_  
4.3 STREET ADDRESS: \_\_\_\_\_  
4.4 CITY-ST-ZIP: \_\_\_\_\_  
5.1 TITLE: \_\_\_\_\_  Change  Addition  
5.2 NAME: \_\_\_\_\_  
5.3 STREET ADDRESS: \_\_\_\_\_  
5.4 CITY-ST-ZIP: \_\_\_\_\_  
6.1 TITLE: \_\_\_\_\_  Change  Addition  
6.2 NAME: \_\_\_\_\_  
6.3 STREET ADDRESS: \_\_\_\_\_  
6.4 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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *J. Sheth* DATE: **4/20/96** DAYTIME PHONE #: **(407) 774-6888**

CR2E034 (12/95)