

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY - 1 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000074638 (6)**

1. Corporation Name

**STANLEY J. PIERCE, D.D.S. P.A.**

Principal Place of Business

Mailing Address

40 S.W. 12 STREET  
SUITE C-202  
OCALA FL 34474

40 S.W. 12 STREET  
SUITE C-202  
OCALA FL 34474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/21/1993

03/25/1994

4. FEI Number

59-3211295

Applied For

Not Applicable

5. Certificate of Status Due

**\$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

21. Principal Place of Business		26. Mailing Address	
22. State, Apt #, etc		27. State, Apt #, etc	
23. City & State		28. City & State	
24. Zip	Country	29. Zip	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIERCE, STANLEY J  
40 S.W. 12 STREET  
SUITE C-202  
OCALA FL 34474**

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 607.1908, 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

(Type or print name of registered agent, if registered agent is a corporation, partnership, or other entity)

(Type or print name of registered agent, if registered agent is an individual)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, STANLEY J	1.2 NAME	
STREET ADDRESS	40 SW 12TH ST C-202	1.3 STREET ADDRESS	
CITY, ST, ZIP	OCALA FL	1.4 CITY, ST, ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, CLAUDIA	2.2 NAME	
STREET ADDRESS	40 SW 12TH STREET C-202	2.3 STREET ADDRESS	
CITY, ST, ZIP	OCALA FL	2.4 CITY, ST, ZIP	
TITLE		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		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		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		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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(8)(b), Florida Statutes. I further certify that the information sets forth the annual report or supplemental annual report as true and correct 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 of this report, or on an attachment with an address.

SIGNATURE: *Claudia Pierce*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Claudia Pierce*

5-1-95 904-732-5666  
Date Telephone Number