

FILE NOW: FILING FEE AFTER MAY 1 IS \$22.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY 16 AM 8:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000081723 (7)

1. Corporation Name
THE FLORIDA DENTAL TEAM P.A.

Principal Place of Business: **2739 US HIGHWAY 19 SUITE 310 HOLIDAY FL 34691**
Mailing Address: **2739 US HIGHWAY 19 SUITE 310 HOLIDAY FL 34691**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/19/1993**
3a. Date of Last Report: **09/21/1994**
4. FEI Number: **59-3213169**
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: **5210 Linton Blvd**
26. Mailing Address: **Suite 207**
22. City & State: **Delray Beach, FL**
27. City & State: **Palm Beach**
24. ZIP: **33484**
25. ZIP: **Palm Beach**
29. ZIP: **33484**
30. ZIP: **Palm Beach**

9. Name and Address of Current Registered Agent
**BALOG, ANDREW E
2739 US HIGHWAY 19
SUITE 310
HOLIDAY FL 34691**

10. Name and Address of New Registered Agent
81. Name: **George P. Russell III**
82. Street Address: **2739 U.S. Highway 19, N.**
83. **Suite 300**
84. City: **Holiday** FL 85. Zip Code: **34691**

11. Pursuant to the provisions of Sections 607.0501 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 provisions of Section 607.0501, Florida Statutes.

SIGNATURE: *George P. Russell III* Secretary 5/11/95

12. OFFICERS AND DIRECTORS

1. NAME	D PARKER, DAVID G
2. STREET ADDRESS	2739 US HIGHWAY 19, SUITE 310
3. CITY, ST, ZIP	HOLIDAY FL 34688
4. NAME	
5. STREET ADDRESS	
6. CITY, ST, ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	3 GEORGE P. RUSSELL III
7. STREET ADDRESS	2739 U.S. Highway 19 N. Suite 300
8. CITY, ST, ZIP	Holiday, FL 34691
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.05(6)(b), Florida Statutes. I further certify that the information included 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. But I am not liable or otherwise for the corporation or the inclusion or exclusion of any information on this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 13 or Block 14 of this report or on an attached form with an address.

SIGNATURE: *George P. Russell III* 5/11/95 P/3 812-3100