

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000087746 (2)

1. Corporation Name

EMERALD COAST DENTAL ARTS, INC.

Principal Place of Business

**41-E FAIRPOINT DRIVE
GULF BREEZE FL 32561
US**

Mailing Address

**41-3 FAIRPOINT DRIVE
GULF BREEZE FL 32561
US**



2. Principal Place of Business

21 14 LIVE OAK STREET

Suite, Apt. #, etc.

22 E

City & State

23 GULF BREEZE FL

Zip

24 32561

Country

25 Santa Rosa

2a. Mailing Address

26 14 LIVE OAK ST.

Suite, Apt. #, etc.

27 E

City & State

28 GULF BREEZE FL

Zip

29 32561

Country

30 Santa Rosa

9. Name and Address of Current Registered Agent

**BAILEY, SUELLEN
41 EAST FAIRPOINT DR.
GULF BREEZE FL 32561**

3. Date Incorporated or Qualified

12/17/1993

3a. Date of Last Report

03/21/1995

4. FEI Number

59-3216226

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

14 LIVE OAK STREET "E"

84 City

GULF BREEZE

FL

85 Zip Code

32561

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

Signature (typed or printed name of registered agent and date of filing)

(NOTE: Registered Agent Signature requires witness of filing)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
BAILEY, SUELLEN
203 OMEDO ST.
GULF BREEZE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
PEAKE, K. LEIGH
4213 LYNN ORA DR.
PENSACOLA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE:

Karen Leigh Peadar
KAREN LEIGH PEARCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

Date

904-934-1342

Daytime Phone #

CR2E034 (12/95)