FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087746 (2)

EMERALD COAST DENTAL ARTS, INC.

FILED Apr 28 1997 8:00am Secretary of State

Principal Place	e of Business	Mailing Addr	Mailing Address							
14 LIVE OAK S	STREET	14 LIVE OAK	14 LIVE OAK STREET SUITE E							
SUITE E		SUITE E								
Gulf Breeze I Us	FL 32561	US GULF BREEZI	GULF BREEZE FL 32561-4484 US				3. Date Incorporated or Qualified	3a. Date of Last F	Report	
		••					12/17/1993	05/01/1996		
2. Principal Pi	ace of Business	2a. Mailing A	2a. Mailing Address				4. FEI Number		pplied For	
21		26	~~~				59-3216226		ot Applicable	
Suite, Apt. #	#, etc	F	Suite, Apt. #. etc.				5. Certificate of Status Desired		Additional equired	
City & State	0	27 City & Sta	City & State				6. Election Campaign Financing		<u>.</u>	
23		28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Žo	Country	Zφ		Country	y		8. This corporation has liability for		. 199.032,	
24			30			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
D.44	9, Name and Address of Ci	urrent Registered Age	nt	81 Name			10. Name and Address of New He	gistered Agent		
	EY, SUELLEN									
SUIT	ive oak street		82 Street		et Addres	ss (P.O. Box Number is Not Acceptab	ile)			
	F Breeze FL 32581		83							
402	I DINGGEL I E VEVVI			84	City			les Zin	Code	
				٠٠.	Uity			FL 85 Zip	Coue	
11. Pursuant t	to the provisions of Sections 607	7.0502 and 607 1508, F State of Elected Such o	lorida Statut	tes, the abov	e-nam	ed corpo	oration submits this statement for the pon's board of directors. I hereby accep	surpose of changing I	ts registered	
agent. Far	m familiar with, and accept the c	obligations of, Section 6	307.0505, FI	orida Statute	yulis.	σιμοιαιν	ill B Duald of Gildotolo, Friology woods	A the appointment as	(bystered	
SIGNATURE	e			= = = = = = = = = = = = = = = = = = = =				DATE		
12.	5 or allow hypera or proceed we went register Of FICERS	rod agent and little if applicable. S AND DIRECTORS	(NO)	TE: Registered Ag	ent signe	ture required	d when reinstalling) ADDITIONS/CHANGES TO OFFIC		AS IN 12	
Titch	PTD		DELETE	1.1 TITLE				☐ Change	Addition	
NAME	BAILEY, SUELLEN			12 NAME						
STREET ADDRESS	203 OVIEDO ST.			1.3 STAFE	T ADDRES	iS				
C(1)Y - 51 - 2(F	GULF BREEZE FL		Briege	1.4 CITY-	ST-ZIP			C Change	Addition	
TITLE	VSD	L.] DELETE	2.1 TITLE				Change	Addition	
NAME STREET ADDRESS	Peake, K. Leigh 4213 Lynn ora dr.			2.2 NAME 2.3 STREE		~~				
CHTY - ST- ZIP	PENSACOLA FL			2.4 CITY-		*		x 13		
THE	1 6101000		DELETE	3.1 TITLE	01 E	_		Change	Addition	
NMA :				3.2 NAME						
STREET ADDRESS				3.3 STREE	T ADDRES	ss				
CHY - 51 - 70°			1 22, 24,	3.4 CITY-						
101.6		L	DELETE	4.1 TITLE				L Change	Addition	
NAME:	İ			4.2 NAME			•			
STREET ADDRESS City: \$1-Zir				4.3 STREE		is				
Title		L	DELETE	51 TITLE	51-711	+		Change	Addition	
NAME				52 NAME			•			
STREET ADDRESS				5.3 STREE	T ADDRE	ss				
CHY-ST ZIF				5.4 CITY -	ST - ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TITLE		L	DELETE	6.1 YITLE				Change	Addition	
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE		SS				
14. I do nerel	L by certify that the information su	inclied with this filing do	nes not qual	6.4 CITY-		n stated	in Section 119.07(3)(i), Florida Statute	s I further certify tha	t the	
informatio	in indicated on this annual renoi	ort or supplemental annution or the receiver or tru	ual report is ustee empoy	true and acc wered to exe	curate :	and that n	my signature shall have the same lega as required by Chapter 607, Florida S	al effect as if made ur	nder oath: that	