



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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000001573 1. Corporation Name WEST BOCA DENTAL ASSOCIATES, P.A.					
Principal Place of Business 22053 State Road 7 Boca Raton, FL 33428		Mailing Address 22053 State Road 7 Boca Raton, FL 33428			
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/29/93	
2b. Suite, Apt. #, etc. 22		2c. Suite, Apt. #, etc. 27		3a. Date of Last Report 4/15/96	
2d. City & State 23		2e. City & State 28		4. FEI Number 65-0481999	
2f. Zip 24		2g. Zip 29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2h. Country 25		2i. Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WASSERMAN, ALAN G 22240 HOLLYHOCK TR BOCA RATON, FL 34333			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 reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is based 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 on Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  4/30/97 561-477-9800 _____ Date Daytime Phone #					

CR2E034 (9/96)