

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000016749 (1)

1. Corporation Name

CENTER FOR ADVANCED DENTAL STUDY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 111 2ND AVE., NE
SUITE 1109
ST. PETERSBURG FL 33701

Mailing Address: 111 2ND AVE., NE
SUITE 1109
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report

2. Principal Place of Business: 21. Mailing Address

22. Suite, Apt. # etc. 27. Suite, Apt. # etc.

23. City & State 28. City & State

24. Zip 25. Zip 29. Zip 30. Zip

4. FEI Number: 59-3299890
Applied For: ☐ Not Applicable

5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees

8. This corporation has adopted the intangible tax under S. 199.03? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENNETT, STEPHEN A
401 E. JACKSON ST.
SUITE 2200
TAMPA FL 33602**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

11. Pursuant to the provisions of Sections 609.01, 609.02, and 609.1508, 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 609.02(2)(c), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME: D BENNETT, STEPHEN A
2. STREET ADDRESS: C/O 401 E. JACKSON ST., SUITE 2200
3. CITY, ST. ZIP: TAMPA FL 33602

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