FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000040313 (6)**

1. Corporation Name

DENTAL TECHNIQUE OF WEST FLORIDA, INC.

Principal Place of Business	Mailing Address
13057 PARK BLVD SEMINOLE FL 34646	13057 PARK BLVD SEMINOLE FL 34646

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/25/1994

3a. Date of Last Report:

2. Principal Place of Business
21 10923 70TH AVE N
22 Suite, Apt. #, etc.
23 City & State: SEMINOLE FL
24 Zip: 34642 25 Country: USA

2a. Mailing Address
26 10923 70TH AVE N
27 Suite, Apt. #, etc.
28 City & State: SEMINOLE FL
29 Zip: 34642 30 Country: USA

4. FEI Number: 59-3253142 ☐ 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

9. Name and Address of Current Registered Agent

MAGLI, NICHOLAS
13057 PARK BLVD
SEMINOLE FL 34646

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 10923 70TH AVE N
84 City: SEMINOLE FL 85 Zip Code: 34642

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: _____ NICHOLAS A MAGLI 4/27/95
Signature, type or printed name of registered agent, and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	MAGLI, NICHOLAS	12 NAME		
STREET ADDRESS	9767 122ND WAY N	13 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642	14 CITY-ST-ZIP		
TITLE	DST	21 TITLE		☐ Change ☐ Addition
NAME	MAGLI, SUSAN E	22 NAME		
STREET ADDRESS	9767 122ND WAY N	23 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	MAGLI, ANTHONY	32 NAME		
STREET ADDRESS	% 13057 PARK BLVD	33 STREET ADDRESS		
CITY-ST ZIP	SEMINOLE FL 34646	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST ZIP		44 CITY-ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ NICHOLAS A MAGLI 4/27/95 813-397-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0371700 CP