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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400058620 (3)

ADVANCED DENTAL, INC.

Principal Place of Business Mailing Address						
2700 SO. RIDGEWOOD 2700 SO. RIDGEV SOUTH DAYTONA FL SOUTH DAYTONA						
				3. Date Incorporated or Qualif 08/09/1994	ied 3a. Date of Last Report 04/01/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
		26		59-3259051	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
		27			Fee Required	
City & State		City & State		6. Election Campaign Financin	40.00	
23	1 0-1-4-1	28	Country	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	y for intangible tax under s. 199.032,	
24	25 9, Name and Address of Curren	29 Agent	30	Florida Statutes 10. Name and Address of Nev		
BRUMER, BARRY N						
101 YELKCA TERRACE #F EDGEWATER FL 32132			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
CLOSE	EVIAIEN PL 32132		83			
			84 City		FL 85 Zip Code	
11. Pureuant	to the provisions of Sections 607 060	2 and 607 1508 Florida Stati	utes the above-named	corporation submits this statement for		
l office or r	egistered agent, or both, in the State	of Florida. Such change was	s authorized by the cor	poration's board of directors. I hereby a	ccept the appointment as registered	
i agent. i a I	m familiar with, and accept the obliga	ations of, Section 607,0505, F	-lorida Statutes.			
SIGNATURE	Signature, typed or printed name of registered ago	nt and title if annicable (NC	DTE: Registered Agent signature	o required when reinstalling	DATE	
12.	OFFICERS AN		13.		DEFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	T	Change Addition	
NAME	SOTO, LUIS O		1.2 NAME	200		
STREET ADDRESS	101 YELKCA TERRACE #F		1.3 STREET ADDRESS	12100 So Kidgew	cod Ave	
CITY-ST-ZIP	EDGEWATER FL 32132		1.4 CITY-ST-ZIP	So. Dantons 7	\ 32.119	
TITLE	D	DELETE	2.1 TITLE	2700 So Ridgews So. Daytong 7	Change Addition	
NAME	BOYER, SHARON A		2.2 NAME	2700 So Ridge	0 0	
STREET ADDRESS	101 YELKCA TERRACE #F		2.3 STREET ADDRESS	2100 30 K 1892	WOOD HUE	
CITY-ST-ZIP	EDGEWATER FL 32132		2. 4 CITY - ST - ZIP	50 Daytonn 7	11 32119	
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME		, ,	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CHY-S1-ZIP		}	
TITLE		DELETE	6.1 THTLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS]		
<u></u>						

14. I do 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 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 eath; 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 an attachment with an address.

SIGNATURE:

SPENATURA ROLLING

W/ 30. 1997 904-322-7786

FILED

Jun 11 1997 8:00am

Secretary of State