SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000075493 (4)

GALLERIA DENTAL CENTER, P.A.

2320 NE 9 ST SUITE 200 FT LAUDERDALE FL 33304		Mailing Address 2320 NE 9 ST SUITE 200 FT LAUDERDALE FL 33304		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/12/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-05 193 18	Applied For Not Applicable
Sulte, Apt. #, eto.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	в	City & State		Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30	This corporation owes or has paid the operational Property Tax due June 30.	Yes No
DETE	9. Name and Address of Curre RISKO, JEROME J	nt Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
	NE 9 ST			FAHEY, DANA A.	
	E 200		82 Street	Address (P.O. Box Number Is Not Acceptable) O N.E. 9th Street	
	AUDERDALE FL 33304			te 200	
			84 City	Lauderdale F	2ip Code 33304
office or	registered agent, or both, in the State am familiar with and accept in oblic	e of Florida. Such change was au	thorized by the corp	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appropriate the purpose of the purpose of oration's board of directors.	pointment as registered
SIGNATORE.	Signature, type or printed name of registered age		E: Registered Agent signatu	re required when reinstaling) DATE DATE	
12.	Signature, types or printed name of registered age		E: Registered Agent signat.	re required when reinstaling) ADDITIONS/CHANGES TO OFFICERS	<u> </u>
12.	Signature, type or printed name of registered age OFFICERS AI	ant and title it applicable. (NOT		re required when reinstaling) DATE	AND DIRECTORS IN 12
12. TITLE	Signature, types/or printed name of registered and OFFICERS AT P PETRISKO, JEROME J	ant and tille it appricable. (NOT ND DIRECTORS	13.	re required when reinstaling) DATE	AND DIRECTORS IN 12
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FILED

Jul 29 1998 8:00am

Secretary of State

PfJ

GALLERIA DENTAL CENTER, P.A. 2320 N.E. 9th Street Suite 200 Ft. Lauderdale, Fl 33304

July 20, 1998

Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, FL 32302-1500

> Re: 1998 Annual Report Galleria Dental Center, P.A.

Dear Sir or Madame:

I am the president and director of Galleria Dental Center, P.A. I have received this second notice to file the corporation's 1998 Annual Report. I have completed it and enclose it for filing. I did not receive any original notice or Annual Report form. Other important mail had also been missing earlier this year. I had been in a dispute with my landlord but I don't know whether that had anything to do with my missing mail.

As I was instructed by your office over the telephone, I enclose my filing fee check of \$150.00 with this letter of explanation for a late filing. Please accept the check and this explanation and file the 1998 annual report.

Thank you.

Sincerely,

Dana A. Fahey, President