

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 MAY -1 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078614 (2)

1. Corporation Name

LAKESIDE DENTAL CENTER, P.A.

**600001483266
-05/10/95--01111--001
****450.00 ****225.00**

Principal Place of Business

Mailing Address

**2945 N AUSTRALIAN AVE
WEST PALM BEACH FL 33407**

**2945 N AUSTRALIAN AVE
WEST PALM BEACH FL 33407**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/24/1994

2. Principal Place of Business

2b. Mailing Address

21

26

4. FEI Number

Applied For

65-0538293

Not Applicable

State, Apt # etc.

State, Apt # etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

7. Does corporation have liability for interest on Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNS, JACKIE C
2945 N AUSTRALIAN AVE
WEST PALM BEACH FL 33407**

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 607.01(2) 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 607.01(2), Florida Statutes.

SIGNATURE

Signature of person performing registered agent duties

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

11 TITLE: **PD**
12 NAME: **Johns, Jackie C.**
13 STREET ADDRESS: **2945 N. Australian Avenue**
14 CITY, ST, ZIP: **West Palm Beach, FL 33407**

15 TITLE: _____
16 NAME: _____
17 STREET ADDRESS: _____
18 CITY, ST, ZIP: _____

19 TITLE: _____
20 NAME: _____
21 STREET ADDRESS: _____
22 CITY, ST, ZIP: _____

23 TITLE: _____
24 NAME: _____
25 STREET ADDRESS: _____
26 CITY, ST, ZIP: _____

27 TITLE: _____
28 NAME: _____
29 STREET ADDRESS: _____
30 CITY, ST, ZIP: _____

31 TITLE: _____
32 NAME: _____
33 STREET ADDRESS: _____
34 CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition

12 NAME: _____

13 STREET ADDRESS: _____

14 CITY, ST, ZIP: _____ Change Addition

15 TITLE: _____

16 NAME: _____

17 STREET ADDRESS: _____

18 CITY, ST, ZIP: _____ Change Addition

19 TITLE: _____

20 NAME: _____

21 STREET ADDRESS: _____

22 CITY, ST, ZIP: _____ Change Addition

23 TITLE: _____

24 NAME: _____

25 STREET ADDRESS: _____

26 CITY, ST, ZIP: _____ Change Addition

27 TITLE: _____

28 NAME: _____

29 STREET ADDRESS: _____

30 CITY, ST, ZIP: _____ Change Addition

14. I 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)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the receiver or trustee empowered to exercise the powers as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attached report with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Jackie C. Johns**

01 May 1995 842-5619