

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

APPROVED
AND
FILED

1997 SEP -2 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P95000005432 (6)
1. Corporation Name

SAWGRASS DENTAL CENTER, INC.

Principal Place of Business
**12651 W. SUNRISE BLVD., SUITE 200
SUNRISE
FL 33323**

3. Date Incorporated or Qualified **01/20/1995** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0549820 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SEVEL, DENNIS
12651 W. SUNRISE BLVD., SUITE 200
SUNRISE FL 33323**

10. Name and Address of New Registered Agent

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> DELETE	P SEVEL, DENNIS 12651 W. SUNRISE BLVD., SUITE 200, SUNRISE FL 33323	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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 resolver 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 in an attachment with an address.

SIGNATURE: **DR. DENNIS S SEVEL**

8/28/1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)



Sawgrass Dental Center

Dennis S. Sevel, D.D.S.

Florida Department of State
Division of Corporations
P O Box 6327
TALLAHASSEE
Florida 32314

August 12, 1997.

ATTENTION: Sandra B Mortham, Secretary of State

Dear Sir,

On February 27, 1997 a check for \$165 together with Document No. P95000005432 was sent to your office for Sawgrass Dental Center. At the same time we also sent you a check for \$165 with Document No. P95000091342 for Florida Fresh Breath Center.

Please find enclosed a copy of check stubs for both checks, one which you received, and the other one which you did not receive. Unfortunately, this was a problem with the U.S. Postal Service and not our error as we sent in the checks timeously.

We are enclosing a new check for \$165 which please accept as the non-arrival of this check to your office was not our error.

Thanking you,

Sincerely,



DENNIS S SEVEL, D.D.S.