

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

FILED

Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000012437 (6)

1. Corporation Name
SCOTT READER, D.M.D., P.A.



Principal Place of Business Mailing Address
8247 DEVEREUX DRIVE, SUITE 102 8247 DEVEREUX DRIVE, SUITE 102
VIERA FL 32940 VIERA FL 32940-7855

3. Date Incorporated or Qualified 02/13/1995 3a. Date of Last Report 02/27/1996

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 59-3307047 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 type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--	--	--

9. Name and Address of Current Registered Agent

FREDERICKS, ANDREW D
7380 MURRELL ROAD, SUITE 100
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name	DAVID H. JACOBY Esquire
82 Street Address (P.O. Box Number is Not Acceptable)	1581 Robert J. Conlan Blvd NE
83	Ste. 100
84 City	Palm Bay
85 FL	Zip Code 32905

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 provisions of, Section 607.005, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 1/22/97

Signature typed or printed name of registered agent and office, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
D	READER, SCOTT	8247 DEVEREUX DRIVE, SUITE 102	VIERA FL 32940				
VP	READER, LORI	8247 DEVEREUX DR SUITE 102	VIERA FL				

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0108199

CR2E034 (9/96)