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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 24 1997 8:00am Secretary of State

1997

DOCUMENT # P95000043169 (8)

W.S. OHM, D.D.S., P.A.

Principal Place of Business 15 W OAK DRIVE LAKELAND R. 38803-8808											
LAKELAND FL 38800 LAKELAND FL 38803-9809	Principal Place of Business Mailing Address							- I FORFIEDDE IND COLOF BEHEF GOVEN GODEN BOUR		HRI IIRIV BINI	
Principal Place of Business 2a, Melling Address 2a, Melling	115 W OAK DRI	IVE		115 W OAK DRIVE							
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Suite. Apt. K, etc. Suite.	2. Principal FI	ace of Busmess	2a. Maile	2a. Mailing Address						A	polied For
City & State City	21		26	26				65-0587685		No	ot Applicable
20	¬	#, etc	├ ──	· ·				I & Continents of Status Desired			
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Sirver Address (P.O. Box Number is Not Acceptable) 13. Signature to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change was authorized by the corporation submits this statement for the purpose of Abending its registered agent, are familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. 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 statutes. 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TITLE 12. OFFICE RS AND DIRECTORS IN 12. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS/CHANGES TO OFFICERS AN	<u> </u>)	—— ·	3. State							
B. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134 84		Country	Zip		Сош	ntry				ax under £	s. 199.032,
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134 B1	24				30						
AS JAMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83						641	Ness	10. Name and Address of New Re	gistered A	gent	-
B3 B4 City								ess (P.O. Box Number is Not Acceptate	ole)		
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607 0505. Florida Statutes. SIGNATURE Supply Spring presentation of dispersed agent agent and title change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, and accept the obligations of, Section 607 0505. Florida Statutes. SIGNATURE Supply S	COR	AL GABLES FL 33134						SS (F.O. DOX NUITIBEE IS NOT POCEPHABLE)			
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 agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE						84	City		FI	85 Zip	Code
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD OHM, WANGS 115 W OAK DRIVE 12. NAME OHM, WANG S 115 W OAK DRIVE 13. SIREET ADDRESS 115 W OAK DRIVE 14. CHANGE 14. CHANGE 15. TITLE NAME 15.	office or re	edistered agent, or both, i	n the State of Florida. Su	ch change was	authorized	ibγ	the corporation	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of	changing i	its registered s registered
TITLE		Signature Hyperton princial name of	Legistered agent and little if apolic	able (NO	TE: Reg stered	Age	nt signature require	ad when reinstating)	DATE		
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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; the	14 Ldo herel	by certify that the informat	ion supplied with this filin	ig does not qual	ify for the	AXA	motion stated	in Section 119 07(3)(i), Florida Statute	s. I further	certify that	t the