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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058660 (8)

FILED May 06 1997 8:00am Secretary of State

A TOWN SQUARE DENTAL CENTER, P.A. Principal Place of Business Mailing Address B11 N PINE ISLAND RD AMARAC FL 33321 TAMARAC FL 33321 AMARAC FL 33321						
				3. Date Incorporated or Qualified 07/27/1995	3a. Date of Las 03/26/199	
-n ·	lace of Business	2a. Mailing Address	change . Por a	4. FEI Number 1.4 65-0599200		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Ogkland Pork B	Certificate of Status Desired	1 1 7	Not Applicable 5 Additional Regulred
2 City & Stat	e	City & State	FL	6. Election Campaign Financing	\$5. 0	00 May Be
Zip	Country	Zip 22 (1	Country	Trust Fund Contribution 8. This corporation has liability for i	intangible tax und	ed to Fees er s. 199.032,
4	25 9. Name and Address of Curr	ent Registered Agent	30	Florida Statutes 10. Name and Address of New Re	Yes No	
DFI	MAN, MARK I		81 Name			
1013	27 W OAKLAND PARK BLVD NRISE FL 33351		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
			84 City		FL 85 2	Zip Code
office or r	registered agent, or both, in the Sta	sor and our habb, honda on	atotoo, the bloom harried con	polition business this statement for the p	dipose or citalign	ig no rogistorou
agent. La	im familiar with, and accept the obl	ligations of, Section 607.0505	as authorized by the corpora, Florida Statutes. NOTE: Registered Agent signature requ	rporation submits this statement for the pation's board of directors. I hereby acception when reinstaling)	of the appointment	as registered
agent. La SIGNATURE 12.	am familiar with, and accept the obling spiriture, typesfor punted name of registered. OFFICERS A	ligations of, Section 607.0505 agent and title if applicable [, Florida Statutes. NOTE: Registered Agent signature requ		DATE CERS AND DIRECT	TOAS IN 12
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Too naterny define mornision supprise with his 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 13 if changed, or on an attachment with an address.

SIGNATURE: