


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

FILED

May 06 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 # P95000058660 (8)					
1. Corporation Name A TOWN SQUARE DENTAL CENTER, P.A.					
Principal Place of Business 8311 N PINE ISLAND RD TAMARAC FL 33321			Mailing Address 8311 N PINE ISLAND RD TAMARAC FL 33321-1539		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/27/1995	
21 Suite, Apt. #, etc.		26 10127 W Oakland Park Blvd		3a. Date of Last Report 03/26/1996	
22 City & State		27 Sunrise FL		4. FEI Number 65-0599200	
23 Zip 33351		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DELMAN, MARK I 10127 W OAKLAND PARK BLVD SUNRISE FL 33351				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					
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: <u>Mark S Delman</u> 4/12/97 9547487100					

CR2E034 (9/96)