


**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90140 024 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000064678**

1. Corporation Name

**WEST FLORIDA DENTAL CENTER, INC.**

Principal Place of Business

**2511 S. FERDON BLVD.**  
**CRESTVIEW FL 32539**

Mailing Address

**2511 S. FERDON BLVD.**  
**CRESTVIEW FL 32539**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/18/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3331216	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
Country		Country			
25		32504		USA	

9. Name and Address of Current Registered Agent

**FARRUGIA, CHRIS P**  
**2511 S. FERDON BLVD.**  
**CRESTVIEW FL 32539**

10. Name and Address of New Registered Agent

81 Name	V. J. FARRUGIA
82 Street Address (P.O. Box Number is Not Acceptable)	6601 N DAVIS HWY
83	SUITE #8
84 City	PENSACOLA
85 State	FL
86 Zip Code	32504

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

Signature, typed or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	SEC/TREASURER
NAME	FARRUGIA, DMD ALAN C.	1.2 NAME	VINCENT J. FARRUGIA
STREET ADDRESS	2511 SOUTH FERDON BLVD	1.3 STREET ADDRESS	6601 N. DAVIS HWY, STE 8
CITY-ST-ZIP	CRESTVIEW FL	1.4 CITY-ST-ZIP	PENSACOLA, FLA 32504
TITLE	ST	2.1 TITLE	
NAME	FARRUGIA, DMS CHRIS P.	2.2 NAME	
STREET ADDRESS	2511 SOUTH FERDON BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

VINCENT J. FARRUGIA

Date

Daytime Phone #

CR2E034 (1/98)