

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000068759 (6)**

1. Corporation Name

LAKE DENTAL SERVICES, P.A.



Principal Place of Business 820 S.R. 434 NORTH STE. B ALTAMONTE SPRINGS FL 32714	Mailing Address 5805 BLUE LAGOON DR. STE. 170 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12515 N. Kendall Dr. Suite, Apt. #, etc. 22 Suite 412 City & State 23 Miami, FL Zip 24 33186 Country 25 USA		2a. Mailing Address 26 12515 N. Kendall Dr. Suite, Apt. #, etc. 27 Suite 412 City & State 28 Miami, FL Zip 29 33186 Country 30 USA		3. Date Incorporated or Qualified 09/06/1995	
		4. FEI Number 59-3337224		Applied For <input type="checkbox"/> 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. 201 SO. BISCAYNE BLVD. STE 3000 MIAMI FL 33131			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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	D GOBER, MELVIN S <input type="checkbox"/> DELETE							1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	201 SO. BISCAYNE BLVD. STE 3000							1.2 NAME							
STREET ADDRESS	MIAMI FL 33131							1.3 STREET ADDRESS							
CITY-ST-ZIP								1.4 CITY-ST-ZIP							
TITLE	<input type="checkbox"/> DELETE							2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								2.2 NAME							
STREET ADDRESS								2.3 STREET ADDRESS							
CITY-ST-ZIP								2.4 CITY-ST-ZIP							
TITLE	<input type="checkbox"/> DELETE							3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								3.2 NAME							
STREET ADDRESS								3.3 STREET ADDRESS							
CITY-ST-ZIP								3.4 CITY-ST-ZIP							
TITLE	<input type="checkbox"/> DELETE							4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								4.2 NAME							
STREET ADDRESS								4.3 STREET ADDRESS							
CITY-ST-ZIP								4.4 CITY-ST-ZIP							
TITLE	<input type="checkbox"/> DELETE							5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY-ST-ZIP								5.4 CITY-ST-ZIP							
TITLE	<input type="checkbox"/> DELETE							6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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.

SIGNATURE:

CR2E034 (10/97)