FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000075724 (1)**

1. Corporation Name

JOSEPH HORKEY, DDS, P.A.

Principal Place of Business

1045 EAST ATLANTIC AVENUE #305
DELRAY BEACH FL 33483

Mailing Address

1045 EAST ATLANTIC AVENUE #305
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: **09/28/1995**

3a. Date of Last Report:

4. FEI Number: 65-0621480 — Applied For / Not Applicable

5. Corporate Stock Declared: [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business

21 Joseph Horkey, D.D.S., P.A.
258 S.E. 6th Avenue
Suite 1
Delray Beach, Florida 33483

24 25

2a. Mailing Address

26 Joseph Horkey, D.D.S., P.A.
258 S.E. 6th Avenue
Suite 1
Delray Beach, Florida 33483

29 30

9. Name and Address of Current Registered Agent

KLEIN, STUART B ESQ
KLEIN & KLEIN, P.A.
1551 FORUM PLACE #400B
WEST PALM BEACH FL 33401

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 Section 607.0505, Florida Statutes, the undersigned corporation hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. The name of the entity for which the registered agent is to accept appointment as registered agent is familiar with and accepts the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DIR [ ] OFF
NAME	HORKEY, JOSEPH DDS	
STREET ADDRESS	1445-B S.W. 25TH AVENUE	
CITY, ST, ZIP	BOYNTON BEACH FL 33426	
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information indicated on this report or supplemental report filed herein is true and accurate and that my electronic signature shall have the same and 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 with an asterisk (*) in front of it, as an officer or director.

SIGNATURE: DDS JOSEPH HORKEY DDS 1/15/96 (407) 276-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — TELEPHONE

CR2E034 (12/95)