

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000087251 (1)

1. Corporation Name

ADVANCED DENTAL ASSOCIATES, INC.



Principal Place of Business

Mailing Address

973 NOB HILL RD
PLANTATION FL 33324

973 NOB HILL RD
PLANTATION FL 33324

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 973 NOB HILL RD.

26 973 NOB HILL RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PLANTATION, FL 33324

28 PLANTATION, FL

Zip Country

Zip Country

24 33324

25

29 33324

30

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$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. 199.03?
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORAN, NANCY K
1508 WHITEHALL DR #202
FT LAUDERDALE FL 33324

81 Name

NANCY K. MORAN

82 Street Address (P.O. Box Number is Not Acceptable)

1508 WHITEHALL DR. #202

83

84 City

FT. LAUDERDALE, FL

85 Zip Code

33324

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 (print or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE President ☐ Change ☒ Addition
12 NAME James J. Moran
13 STREET ADDRESS 1508 WHITEHALL DRIVE #202
14 CITY-ST-ZIP FT. LAUDERDALE, FL 33324

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE Vice President ☐ Change ☒ Addition
22 NAME Nancy Kisha Moran
23 STREET ADDRESS 1508 WHITEHALL DRIVE #202
24 CITY-ST-ZIP Ft. Lauderdale, FL 33324

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE Treasurer ☐ Change ☒ Addition
32 NAME Nancy Kisha Moran
33 STREET ADDRESS 1508 WHITEHALL DRIVE #202
34 CITY-ST-ZIP Ft. Lauderdale, FL 33324

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE Secretary ☐ Change ☒ Addition
42 NAME Nancy Kisha Moran
43 STREET ADDRESS 1508 WHITEHALL DRIVE #202
44 CITY-ST-ZIP Ft. Lauderdale, FL 33324

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

(954) 452-5088

CR2E034 (3/96)