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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000093802 (3)**

1. Corporation Name
SANDPIPER FAMILY DENTISTRY, P.A.

Principal Place of Business	Mailing Address
~~4358 RICHMOND PARK DR~~ EAST ~~JACKSONVILLE~~ FL 32224	~~4358 RICHMOND PARK DR~~ EAST ~~JACKSONVILLE~~ FL 32224-1274

3. Date Incorporated or Qualified: 12/11/1995
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business	2a. Mailing Address
21 13947 Beach Blvd	26 13947 Beach Blvd
Suite, Apt. #, etc. 22 Suite 6	Suite, Apt. #, etc. 27 Suite 6
City & State 23 Jacksonville, Fl. 3	City & State 28 Jacksonville, Fl
Zip 24 32224 Country 25 USA	Zip 29 32224 Country 30 USA

4. FEI Number: 59-3348461 ☐ 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 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARCHIGIANO, DEBRA 4358 RICHMOND PARK DR EAST JACKSONVILLE FL 32224	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	~~PSTD~~ President ☐ DELETE	1.1 TITLE	Secretary/Treasurer ☐ Change ☑ Addition
NAME	MARCHIGIANO, DEBRA	1.2 NAME	Marchigiano, Michael
STREET ADDRESS	4358 RICHMOND PARK DR EAST	1.3 STREET ADDRESS	4358 Richmond Park Dr. E.
CITY-ST-ZIP	JACKSONVILLE FL 32224	1.4 CITY-ST-ZIP	Jacksonville, Fl 32224
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Mike [illegible] MV MARCHIGIANO 3-26-97 (904) 223-8411