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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000097651 (0)

WILLIAM H. BLANCH, D.D.S., P.A.

Principal Place of Business	Mailing Address
10717 SW 104 STREET MIAMI FL 33176	PO BOX 560942 MIAMI FL 33256-0942

## **FILED** Mar 13 1997 8:00am Secretary of State



								3. Date incorporated or Qualified 12/19/1995		ate of Last Re / <b>01/1996</b>	eport	
2. Principal P	2. Principal Place of Business 28. Mailing Address							4. FEI Number	7		oplied For	
21			26					65-0637892		<b>├</b>	of Applicable	
			}~ <b>1</b>	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
City & State			28 City	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24		Country 25	29 29	Zip Country				8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes				
	9. Name	and Address of Curr	ent Registere	d Agent				10. Name and Address of New Re	gistered .	Agent		
NACCARATO, NAT 10717 SW 104 STREET MIAMI FL 33176			81	1	Name Street Address (P.O. Box Number is Not Acceptable)							
1118	, 5 00 11 1				83							
					84	<u></u>	City		FL	<u> </u>	Code	
11. Pursuant t office or re agent. Lar	to the provisi egistered age m tamiliar wil	ons of Sections 607.05 ont, or both, in the Sta h, and accept the obl	502 and 607.1 te of Florida S gations of, Sc	508, Florida Statu Such change was ction 607.0505, Fl	ites, the abov authorized b Iorida Statute	o-n y th s.	named corpo he corporatio	ration submits this statement for the p on's board of directors. I hereby accep	urpose of at the app	f changing its xointment as	s registered registered	
SIGNATURE	Signature, typed	or pareted name of registered a			TE Registered Ag	ord S	signature requires	t when reinstabrig)	DATE			
12.		OFFICERS A	ND DIBLEJ Ö		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
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NAME	, <b>B</b> lanch,	WILLIAM H			1.2 NAME		}					
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CiTY-ST-ZIP					6.4 CHY-		i i					
	w certify that	the information curvel	od with this til	ing does not guel				in Section 119.07(3)(i), Florida Statute	s I furtho	r certify that	the	
information I am an of	n indicated of flicer or direc	n this annual report of tor of the corporation Block 48 if channed.	supplementa or the receiver	l annual report is r or trustee empor	true and acc wered to exec	ura	ate and that r e this report	ny signature shall have the same lega as required by Chapter 607, Florida S 7	l effect as tatutes; a	s if made und and that my n	der oath; that iame	

2/20/97 305-95/-7679

SIGNATURE: