

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

**FILED**  
**Apr 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000001219 (0)**

1. Corporation Name  
**DENTAL SERVICES OF MURDOCK, INC.**



Principal Place of Business <b>1777 TAMiami TRAIL STE 202                  PORT CHARLOTTE FL 33948</b>	Mailing Address <b>1777 TAMiami TRAIL STE 202                  PORT CHARLOTTE FL 33948</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/28/1995</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>65-0628912</b>	Applied For Not Applicable
23 Zip	24 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
29		30		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				10. Name and Address of New Registered Agent			
<b>POWELL, SHIRLEY                  1777 TAMiami TRAIL STE 202                  PORT CHARLOTTE FL 33948</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PM	<input type="checkbox"/> DELETE		1.1 TITLE	PM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POWELL, SHIRLEY			1.2 NAME	Powell, Shirley M.		
STREET ADDRESS	2302 PARKVIEW DRIVE			1.3 STREET ADDRESS	4800 Alamedos Terrace		
CITY-ST-ZIP	FT. MYERS FL			1.4 CITY-ST-ZIP	North Port, FL 34286		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	S.T.D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HOBBS, DIANA			2.2 NAME	Singleton, Melissa L.		
STREET ADDRESS	41570 HORSESHOE ROAD			2.3 STREET ADDRESS	518 Wyoming Rd		
CITY-ST-ZIP	PUNTA GORDA FL			2.4 CITY-ST-ZIP	Lehigh Acres, FL 33936		
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V.P.D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	POWELL, DONALD R.			3.2 NAME	Fickey, Lisa J.		
STREET ADDRESS	11700 W. MARINA DRIVE			3.3 STREET ADDRESS	10107 N. Highland Ave.		
CITY-ST-ZIP	FT. MYERS FL			3.4 CITY-ST-ZIP	Tampa, FL 33612		
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: Shirley M. Powell 4-1-98 941-255-5448

CR2E034 (10/97)