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FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000001991 (4)

1. Corporation Name
ASSOCIATED DENTAL, INC.



Principal Place of Business
2505 W. CERVANTES ST.
PENSACOLA FL 32505

Mailing Address
2505 W. CERVANTES ST.
PENSACOLA FL 32505-7152

3. Date Incorporated or Qualified
01/01/1996

3a. Date of Last Report

4. FEI Number
59-3367596

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

2. Principal Place of Business

21. Suite Apt. #, etc.

22. City & State

23. Zip

Country

24.

2a. Mailing Address

26. Suite Apt. #, etc.

27. City & State

28. Zip

Country

29.

30.

9. Name and Address of Current Registered Agent

MERCER, HARTY B
2505 W. CERVANTES ST.
PENSACOLA FL 32505

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 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 of person named as registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	MERCER, HARTY B	2505 W. CERVANTES ST.	PENSACOLA FL 32505	
D	SHARP, JACKIE	2505 W. CERVANTES ST.	PENSACOLA FL 32505	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: *

CR2E034 (9/96)