


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

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mogham</b> Secretary of State DIVISION OF CORPORATIONS											
<b>DOCUMENT # P96000026256</b> 1. Corporation Name															
<b>MEDI-DENT CORPORATION</b>															
Principal Place of Business		Mailing Address													
<b>Dade County</b>		<b>21477 S.W.88th Place</b> <b>Windy Pointe,</b> <b>Lakes By The Bay, Fl, 33189</b>													
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified											
21		26		<b>March 18th, 1996</b>											
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number											
22		27		<b>65-0740265</b>											
City & State		City & State		5. Certificate of Status Desired											
23		28		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>											
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution											
24	25	29	30	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>											
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent												
<b>Dr Donald O.Astwood Jr</b> <b>21477 S.W.88th Place</b> <b>Windy Pointe,</b> <b>Lakes By The Bay, Florida, 33189</b>			81 Name												
			82 Street Address (P.O. Box Number is Not Acceptable)												
			83												
			84 City												
			85 Zip Code												
			<b>FL</b>												
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.															
<b>April 21st, 1997</b>															
SIGNATURE: <i>Dr. D.O. Astwood Jr</i> (NOTE: Registered Agent signature required when re-nesting) DATE															
<b>12. OFFICERS AND DIRECTORS</b>															
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           11 TITLE <input type="checkbox"/> DELETE            12 NAME            13 STREET ADDRESS            14 CITY - ST - ZIP         </td> <td style="width:50%;">           Director <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Dr Donald O.Astwood Jr</b>  <b>21477 S.W.88th Place,</b>  <b>Windy Pointe,</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Lakes By The Bay, Fl, 33189</b> </td> </tr> <tr> <td>           21 TITLE <input type="checkbox"/> DELETE            22 NAME            23 STREET ADDRESS            24 CITY - ST - ZIP         </td> <td>           31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            32 NAME            33 STREET ADDRESS            34 CITY - ST - ZIP         </td> </tr> <tr> <td>           31 TITLE <input type="checkbox"/> DELETE            32 NAME            33 STREET ADDRESS            34 CITY - ST - ZIP         </td> <td>           41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            42 NAME            43 STREET ADDRESS            44 CITY - ST - ZIP         </td> </tr> <tr> <td>           41 TITLE <input type="checkbox"/> DELETE            42 NAME            43 STREET ADDRESS            44 CITY - ST - ZIP         </td> <td>           51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            52 NAME            53 STREET ADDRESS            54 CITY - ST - ZIP         </td> </tr> <tr> <td>           51 TITLE <input type="checkbox"/> DELETE            52 NAME            53 STREET ADDRESS            54 CITY - ST - ZIP         </td> <td>           61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            62 NAME            63 STREET ADDRESS            64 CITY - ST - ZIP         </td> </tr> </table>						11 TITLE <input type="checkbox"/> DELETE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Dr Donald O.Astwood Jr</b> <b>21477 S.W.88th Place,</b> <b>Windy Pointe,</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lakes By The Bay, Fl, 33189</b>	21 TITLE <input type="checkbox"/> DELETE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	31 TITLE <input type="checkbox"/> DELETE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	41 TITLE <input type="checkbox"/> DELETE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	51 TITLE <input type="checkbox"/> DELETE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP
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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: <i>Dr. D.O. Astwood Jr</i> <b>April 21st, 1997</b> (305) 254-5922															

CRE034 (9/96)