

05/01/1998 10:38 9546806135
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jul 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # *096000031185*
 Corporation Name
MARIA M EGUSQUIZA DMD PA

Principal Place of Business Mailing Address
1441 FOREST HILL BLVD SUITE 200 LAKE CLARKE SHORES, FL 33406 *SAME*

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<i>65-0672013</i>	Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Zip	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<i>MARIA M. EGUSQUIZA, DMD</i>		<i>Same</i>	
<i>1441 Forest Hill Blvd, #200</i>			
<i>LAKE CLARKE SHORES, FL 33406</i>			
<i>561-547-0505</i>			
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
			<i>FL</i>

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 *MARIA M. EGUSQUIZA, DMD, Pres.* *Maria M. Egusquiza* *4-30-98*
 Date

OFFICERS AND DIRECTORS			
1. NAME	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>DENTIST, PRES.</i>		12 NAME	
2. STREET ADDRESS		13 STREET ADDRESS	
<i>MARIA M EGUSQUIZA</i>		14 CITY - ST - ZIP	
<i>1441 FOREST HILL BLVD, STE 200</i>		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>LAKE CLARKE SHORES, FL 33406</i>		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	
		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		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	
		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	

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150.00

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, on one attachment with an address.

SIGNATURE: *MARIA M. EGUSQUIZA, DMD, PRESIDENT* *4-30-98*
 Date
561-547-0505

CR2E034 (10/97)