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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000045735 (3)

1. Corporation Name
RAFAEL M. PALAGANAS, D.D.S., P.A.



Principal Place of Business: 8201 113TH STREET N. SEMINOLE FL 33772
Mailing Address: 8201 113TH STREET N. SEMINOLE FL 33772-4128

3. Date Incorporated or Qualified: 05/23/1996
3a. Date of Last Report
4. FEI Number: 59-3384853
Applied For: Not Applicable
6. Certificate of Status Desired: \$8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
9. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
PALAGANAS, RAFAEL M
8210 113TH STREET N.
SEMINOLE FL 34842

10. Name and Address of New Registered Agent
81 Name: PALAGANAS, RAFAEL M.
82 Street Address (P.O. Box Number is Not Acceptable): 8201 113TH STREET N.
83
84 City: SEMINOLE FL 85 Zip Code: 33772

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 I accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: [Signature] DATE: 2/14/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PALAGANAS, RAFAEL M	
STREET ADDRESS	8210 113TH STREET N.	
CITY - ST - ZIP	SEMINOLE FL 34842	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8201 113th ST N
1.4 CITY - ST - ZIP	SEMINOLE, FL 33772
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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, on an attachment with an address.

SIGNATURE: [Signature] RAFAEL M. PALAGANAS DATE: 2/14/97 DAYTIME PHONE #: 813-395-3679

CR2E034 (9/96)