

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.

FILED
May 08 1997 8:00am
Secretary of State

CORPORATION

ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE \$61.25 Make Payable To: Secretary of State

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT # P96000062111**

Dental Assisted Services, Inc.
9808 Ashley Drive
Seminole, FL 33772

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State

24 Zip Code

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2.

3. Date Incorporated or Qualified To Do Business in Florida **7-25-96**

3a. Date of Last Report

First

4. FEI Number

59-3392234

FEI Number Applied For

FEI Number Not Applicable

5. **\$8.75** Additional Fee assessed for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1x P/D	Carolyn L. Williams	9808 Ashley Drive	Seminole, FL 33772
2x S/T/D	Stephanie Webb	10798 - 119th St. N.	Seminole, FL 33772
3x			
4x		No Intangible Tax Required	
5x			
6			

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-05/19/97--01122--011
*****165.00**

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Timothy C. Schuler, Esq.
7843 Seminole Blvd.
Seminole, FL 33772

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City

FL.

85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____
(Registered Agent Accepting Appointment)

DATE

Handwritten signature and date: 5-8-97

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

11. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 6 or an attachment with an address.

SIGNATURE

Handwritten signature: Carolyn L. Williams

DATE **4-29-97**

Typed Name of Signing Officer or Director
Carolyn L. Williams

Title
President

Telephone Number Daytime
(813) 391-2373

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee. ☐