

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90240 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101156

1. Corporation Name CRAIG B. STRANIGAN, D.M.D., P.A.

Principal Place of Business 1100 SW ST LUCIW WEST STE 200 209 PRT ST LUCIE FL 34986
Mailing Address 1100 SW ST LUCIW WEST STE 200 209 PRT ST LUCIE FL 34986

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1996
4. FEI Number 65-0719584
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 1100 SW St Lucie West Blvd Suite, Apt. #, etc. 22 Suite #209 City & State 23 Port St Lucie, FL Zip 24 34986 Country 25
2a. Mailing Address 26 1100 SW St Lucie West Blvd Suite, Apt. #, etc. 27 Suite 209 City & State 28 Port St Lucie, FL Zip 29 34986 Country 30

9. Name and Address of Current Registered Agent

STRANIGAN, CRAIG B 1100 SW ST LUCIW WEST STE 200 209 PRT ST LUCIE FL 34986

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1100 SW St. Lucie West Blvd
83 Suite 209
84 City Port St. Lucie, FL 85 Zip Code 34986

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 X [Signature] CRAIG B. STRANIGAN, PRES X 1-25-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME STRANIGAN, CRAIG B
STREET ADDRESS 1100 SW ST LUCIE W BLVD STE 200 209
CITY-ST-ZIP PRT ST LUCIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 1100 SW St Locue West Blvd, Suite 209
1.4 CITY-ST-ZIP Port St. Lucie, FL 34986

14. I 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, with all other like empowered.

SIGNATURE: X [Signature] CRAIG B STRANIGAN, PRES X 1-25-99 561-340-0805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)