

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

FILED

**Feb 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000030521 (3)

1. Corporation Name
FRANCISCO E. AREVALO, D.M.D., P.A.



Principal Place of Business 10030 N DALE MABRY AVE SUITE #201 TAMPA FL 33618	Mailing Address 10030 N DALE MABRY AVE SUITE #201 TAMPA FL 33618
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1997	
21	26	4. FEI Number 57-3489522		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	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			
AREVALO, PATRICIA I 8649 N HIMES AVE SUITE #1001 TAMPA FL 33614				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	10330 N. DALE MABRY HWY STE. 201		
				84	City	Tampa	85

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 Patricia J. Arevalo Secretary 1/29/98
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AREVALO, FRANCISCO E			1.2 NAME			
STREET ADDRESS	8649 N HIMES AVE #1001			1.3 STREET ADDRESS	10330 N. Dale Mabry # 201		
CITY-ST-ZIP	TAMPA FL 33614			1.4 CITY-ST-ZIP	Tampa, FL. 33618		
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AREVALO, PATRICIA I			2.2 NAME			
STREET ADDRESS	8649 N HIMES AVE #1001			2.3 STREET ADDRESS	10330 N. Dale Mabry #201		
CITY-ST-ZIP	TAMPA FL 33614			2.4 CITY-ST-ZIP	Tampa, FL. 33618		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: Patricia J. Arevalo 1/29/98 (813) 908-8100

CR2E034 (10/97)