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199.

APPROVED
AND
FILED

99 OCT -7 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/20/99 90005 012

DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P980000178111. Corporation Name
NAPLES DENTAL WELLNESS INSTITUTE, INC.

Principal Place of Business 4444 TAMiami TRAIL NORTH SUITE 6 NAPLES FL 34103	Mailing Address 4444 TAMiami TRAIL NORTH SUITE 6 NAPLES FL 34103
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2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STITES, MARK
4444 TAMiami TRAIL NORTH
SUITE 6
NAPLES FL 34103

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	STITES, MARK	
STREET ADDRESS	4444 TAMiami TRAIL NORTH SUITE 6	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		DELETE
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		DELETE
NAME		
STREET ADDRESS		
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, changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)