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PROFIT CORPORATION ANNUAL REPORT



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

1996	The state of the s			
DOCUMENT # 1. Corporation Name	S09775			

(5)

DENTAL OFFICE PROPERTIES, INC.								
rincipal Place of	Business	Mailing Address						
703 DEL WEBB	RIVO	703 DEL WEBB BLVD.						
SUN CITY CENT	ER FL 33573-5258	SUN CITY CENTER FL 3	3573-5258				L A D	
					3. Date Incorporated or Qualified	3a. Date of		-
					10/31/1990	02/19	4/1995 ^	pplied For
. Principal Plac	e o' Business	2a. Mailing Address			4. FEI Number			lot Applicable
]		26			65-0233361			Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Required
		27			6. Election Campaign Financing		\$5.00	May Be
City & State		City & State			Trust Fund Contribution			to Fees
		28 Zip	Cou	intry	8. This corporation has liability for in	ntangible tax u	ınder s	199.032,
Zip 	Country	29	30		Florida Statutes	[] No		
	9. Name and Address of Curre		1971		10. Name and Address of New R	egistered Ag	ent	
	9. Hame and Addicas of Control			81 Name				
	ACAL DODEDT W. W			82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
HENDRICH	KSON, ROBERT W., III			62 000007000				
	AVE. WEST			83				
SUITE 400	_			84 City			85 Z4	o Code
	ON FL 34205			1 1 '	oration submits this statement for the pur ard of directors. I hereby accept the app	FL	i	
SIGNATURE _		otion 607.0505, Florida Statutes		d Agent signature require	ed whon reinstains)	DATE		
	Signature, typed or printed name of registered age	rit and title if applicable. (NC		d Agent signature require	ed when reinstating." ADDITIONS/CHANGES TO OFF	ICERS AND D		ORS IN 12
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certify that the information indicated on this attribute to the properties of the receiver or trustee empowered to execute this report as reports in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR