

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

\$200.00

DOCUMENT # **S22156** (1)

1. Corporation Name

FRIENDSHIP CENTER DENTAL OFFICE, INC.



Principal Place of Business: **8445 SOUTHWEST STATE ROAD 200, 115 FRIENDSHIP CENTER, Ocala FL 32676**
Mailing Address: **8445 SOUTHWEST STATE ROAD 200, 115 FRIENDSHIP CENTER, Ocala FL 32676**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for State, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **12/31/1990**
3a. Date of Last Report: **05/01/1995**
4. FFI Number: **59-3061147**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**DELUCIA, JOSEPH
3392 DEBUSSY ROAD
JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent:
81 Name: **Barbara Branch D.M.S.**
82 Street Address (P.O. Box Number is Not Acceptable): **8445 SW State Rd 200 Suite 115**
83 City: **Ocala FL**
84 City: **Ocala FL**
85 Zip Code: **34481**

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 607.0503, Florida Statutes.

SIGNATURE: *[Signature]* **Barbara Branch D.M.S.** DATE: **1-19-95**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANCH, BARBARA ANN	
STREET ADDRESS	8445 SW STATE ROAD	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Barbara Branch D.M.S.** DATE: **1-19-95** DAY: **19** MONTH: **01** YEAR: **1995**

CR2E034 (12/95)