

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

**FILED**  
**Jan 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



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

**DOCUMENT # S22156 (1)**  
 1. Corporation Name  
**FRIENDSHIP CENTER DENTAL OFFICE, INC.**



Principal Place of Business (844) **8441** 8441 **SOUTHWEST STATE ROAD 200**  
 Ste 115 **FRIENDSHIP CENTER**  
**OCALA FL 32678**  
**34481**

Mailing Address (844) **8441** 8441 **SOUTHWEST STATE ROAD 200**  
 Ste 115 **FRIENDSHIP CENTER**  
**OCALA FL 32678**  
**34481**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/31/1990**

4. FEI Number  
**59-3061147**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent  
**BRANCH, DMD B**  
**8441 SW STATE RD., SUITE 115**  
**OCALA FL 34481**

10. Name and Address of New Registered Agent  
 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 607.0506, Florida Statutes.

SIGNATURE *[Signature]* **1-07-98**  
 Signature of person or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>D</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>BRANCH, BARBARA ANN</b> |                                 |
| STREET ADDRESS | <b>8445 SW STATE ROAD</b>  |                                 |
| CITY-ST-ZIP    | <b>OCALA FL</b>            |                                 |
| 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          | <b>Dentist</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>Barbara Branch, DMD</b>               |  |
| 1.3 STREET ADDRESS | <b>8441 S.W. State Rd. 200, Ste. 115</b> |  |
| 1.4 CITY-ST-ZIP    | <b>Ocala, FL 34481</b>                   |  |
| 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 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 *[Signature]* **1-07-98** (250) OKH 11.22

CR2E034 (10/97)