

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 9:57

DOCUMENT # **S66005** (7)
1. Corporation Name
MARY I. PORTER, D.M.D., P.A.

Principal Place of Business Mailing Address
% WALTER SANDERS
5121 EHRlich RD. BLDG 107B
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/15/1991** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 4987 Ringwood Meadows State, Apt. #, etc.	2a. Mailing Address % WALTER SANDERS State, Apt. #, etc.	4. FEI Number 65-0278182	Applied For Not Applicable
22. City & State SARASOTA, FL	27. City & State TAMPA FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip 34295	25. Country US	29. Zip 33618	30. Country US
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May be Added to Fees	
8. This corporation has liability for intangible tax under S. 109.012, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SANDERS, WALTER 5121 EHRlich RD, BLDG 107, STE B TAMPA FL 33624		10. Name and Address of New Registered Agent	
81. Name SANDERS WALTER	82. Street Address (P.O. Box Number is Not Acceptable) 13910 NORTH DALE MARRY HWY	83. City SUITE ONE	84. State FL
	85. Zip Code 33618		

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: *Walter Sanders*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME D PORTER, MARY I. D.M.D.	12.2 STREET ADDRESS 4987 RINGWOOD MEADOW	12.3 CITY - ST - ZIP SARASOTA FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME	12.5 STREET ADDRESS	12.6 CITY - ST - ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME	12.8 STREET ADDRESS	12.9 CITY - ST - ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	12.11 STREET ADDRESS	12.12 CITY - ST - ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME	12.14 STREET ADDRESS	12.15 CITY - ST - ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.16 NAME	12.17 STREET ADDRESS	12.18 CITY - ST - ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 NAME	12.20 STREET ADDRESS	12.21 CITY - ST - ZIP	7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME	12.23 STREET ADDRESS	12.24 CITY - ST - ZIP	8.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information furnished with this filing by voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information is based on the original report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made personally. I am authorized to execute this report on behalf of the corporation and to receive or bring employment to execute this report on behalf of Chapter 607, Florida Statutes, and that my name appears in the State of Florida.

SIGNATURE: *Mary I. Porter* MARY I. PORTER, D.M.D. 03-01-95
813-371-3006