

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 JUL 23 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS192

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S70573** (8)

1. Corporation Name  
**LENS DENTAL GROUP, P.A.**

Principal Place of Business

**2708 E ATLANTIC BLVD  
POMPANO BCH FL 33062  
US**

Mailing Address

**2708 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33062  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/02/1991</b>	3a. Date of Last Report <b>01/26/1996</b>
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4. FEI Number <b>65-0299617</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**LENS, ELIZABETH M.  
7570 MIRAMAR BLVD.  
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
<b>2708 E. Atlantic Blvd.</b>
<b>Pompano Beach, FL.</b>
83 City
<b>Pompano Beach, FL</b>
84 Zip Code
<b>33062</b>

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 Elizabeth M. Lens (NOTE: Registered Agent signature required when re-filing) DATE 7/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LENS, ELIZABETH M.</b>	1.2 NAME	
STREET ADDRESS	<b>7570 MIRAMAR BLVD.</b>	1.3 STREET ADDRESS	<b>2708 E. Atlantic Blvd.</b>
CITY-ST-ZIP	<b>MIRAMAR FL</b>	1.4 CITY-ST-ZIP	<b>Pompano Beach, FL 33062</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	<b>300002250663--5</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>-07/23/97--01067--005</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<b>****165.00 ****165.00</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)



ELIZABETH M. LENS, DDS, P.A.

ROBERT E. LENS, DDS

2708 EAST ATLANTIC BOULEVARD  
POMPANO BEACH, FLORIDA 33062

TELEPHONE: (305) 941-6882

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July 16, 1997

Florida Dept. of State  
Sandra B. Mortham  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Mortham,

As per my telephone conversation with Barbara Brock yesterday, July 15, 1997, I was advised to refile the 1997 Profit Corp. Annual Report and reissue a check for \$165.00. I am requesting that penalties and late charges be dismissed due to the fact that I did indeed pay and file on time and I am not at fault.

Enclosed is a copy of the check stub for check # 1684 dated Jan. 3, 1997.

Thank you for your assistance in this matter. Please do not hesitate to call if I can be of any help.

Respectfully yours,

Elizabeth M. Lens, DDS