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Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S75163 (3)

1. Corporation Name
ISRAEL WINIKOR, D.M.D., P.A.



Principal Place of Business: 3601 SW 2ND AVE SUITE L GAINESVILLE FL 32607
Mailing Address: 3601 SW 2ND AVE SUITE L GAINESVILLE FL 32607-2800

3. Date Incorporated or Qualified: 08/22/1991
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business: 21 5502 NW 43rd St Suite 1 Gainesville, FL 32653
2a. Mailing Address: 26 5502 NW 43rd St Suite 1 Gainesville, FL 32653
22. City & State: Gainesville, FL
23. City & State: Gainesville, FL
24. Zip: 32653
25. Country: Alachua
29. Zip: 32653
30. Country: Alachua

4. FEI Number: 59-3075952
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: WINIKOR, ISRAEL 3601 SW 2ND AVE SUITE L GAINESVILLE FL 32607
10. Name and Address of New Registered Agent: 81 Name: WINIKOR ISRAEL
82 Street Address (P.O. Box Number is Not Acceptable): 5502 NW 43rd Street
83 Suite 1
84 City: Gainesville FL 85 Zip Code: 32653

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D WINIKOR, ISRAEL 3601 SW 2ND AVE GAINESVILLE FL	1.1 TITLE	D WINIKOR, ISRAEL
NAME		1.2 NAME	5502 NW 43rd Street Suite 1
STREET ADDRESS		1.3 STREET ADDRESS	Gainesville, FL - 32653
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 of an attachment with an address.

SIGNATURE: _____ DATE: 1/13/97
SIGNED: _____ DAYTIME PHONE #: 352-376-3313

CR2E034 (9/96)