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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V15081

(5)

JAMES M. BLANEY, D.D.S., P.A.

FILED Apr 22 1998 8:00am Secretary of State

 							
Principal Place of Business Mailing Address							
3620 NW 43R Suite #e	D ST		55 MCCORMICK DRIV EARWATER FL 34619				
GAINESVILLE	FL 32606	CENTANEL LE 24019					DO NOT WRITE IN THIS SPACE
US							3. Date Incorporated or Qualified 02/17/1992
· ·	ace of Business	2a. 1	Mailing Address				4. FEI Number Applied For
21		26					59-3110233 Not Applicable
Suite, Apl.	#, elc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & State)	City & State				-	6. Election Campaign Financing \$5.00 May Be
23	28						Trust Fund Contribution Added to Fees
— Zip i—¬	Country		Zip	Country			This corporation owes or has paid the current year Intangible
24	[25] g. Name and Address of Curre	[29]	and Anoni	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		iii nagiste	Ago Whan		81	Name	
	W ZINBER AND BARNES				•	T TOTAL TOTAL	1119
2655 MCCORMICK DRIVE CLEARWATER FL 34619					82	Stree	eet Address (P.O. Box Number is Not Acceptable)
	Danimical Cotolo				83		
					84	City	y FL 85 Zip Code
office or re	to the provisions of Sections 607 056 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida	i. Such change was	s authorize	d by	the co	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature Typed or protect name of registered ag	er Lands title if	Hpphiration (NC	Oft Begistere	J Age	nt signatu	sature required when reinstating) DATE
12.	OFFICERS AN			13.	,	 .	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST		□ DELETE	1.1 TI	TLE		☐ Change ☐ Addition
NAME	BLANEY, JAMES M			1.2 N	AME		
STREET ADDRESS	3620 NW 43RD ST SUITE E			1.3 \$	IKEET	ADDRESS	ES\$
CITY - ST - ZIP	GAINESVILLE FL			1.4 C	ITY-S	T- ZIP	
TITLE			☐ DELETE	2.1 10	1LF		☐ Change ☐ Addition
NAME				22 N	AMŁ		
STREET ADDRESS				235	TREET	ADDRESS	ESS
CITY - ST - ZIP			The same			T - ZIP	
TITLE			☐ DETELL	3111			Change Addition
NAME				32 N			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIF TULE			DELETE	4.1 10		I - ZIP	Change Addition
NAME			L. Curre	4.2 N			Shorter La Mountain
STREET ADDRESS						ADDRESS	FSS
City-St-Zip					IIY-S		
Tifle .			DELETE	5.1 Ti		1-51	Change Addition
NAME				5.2 N	AME		
STREET ADDRESS						ADDRESS	ESS
CITY-ST-ZIP					TY-S		
TOLE			☐ DELETE	6.1 T			☐ Change ☐ Addition
NAME				6 2 N	AME		
\$1HEET ADDRESS				635	TAEET	ADDRESS	ess
CITY-ST-ZIP				640	IY-S	T - 71P	_
14. I hereby c	ertify that the information supplied y	vith this file	ng does not qualify	for the exi	emp	lion sta	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under eath; that I am an
officer or a		eiver or tro	ustee empowered to				y signature shall have the same legal effect as II made under eath; that I am an It as required by Chapter 607, Florida Statutes; and that my name appears in