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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V17026**

(8)

1. Corporation Name

VINCENT A. LASALLE, D.M.D., P.A.

Principal Place of Business

2500 E. COMMERCIAL BLVD.
SUITE G
FORT LAUDERDALE FL 33308

Mailing Address

2500 E. COMMERCIAL BLVD.
SUITE G
FORT LAUDERDALE FL 33308

3. Date Incorporated or Qualified: **02/26/1992**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **65-0315498** [ ] Applied For [ ] Not Applicable

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

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

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

LASALLE, VINCENT A.
2500 E. COMMERCIAL BLVD.
SUITE G
FORT LAUDERDALE FL 33308

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 607.1506, 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: [signature] Vincent A. LaSalle 4-3-96
Signature of New Registered Agent, if changing (Typed or printed name of New Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE D
NAME LASALLE, VINCENT A.
STREET ADDRESS 2500 E COMMERCIAL BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33308
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
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CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

131 TITLE
132 NAME
133 STREET ADDRESS
134 CITY-ST-ZIP
[ ] Change [ ] Addition

211 TITLE
212 NAME
213 STREET ADDRESS
214 CITY-ST-ZIP
[ ] Change [ ] Addition

311 TITLE
312 NAME
313 STREET ADDRESS
314 CITY-ST-ZIP
[ ] Change [ ] Addition

411 TITLE
412 NAME
413 STREET ADDRESS
414 CITY-ST-ZIP
[ ] Change [ ] Addition

511 TITLE
512 NAME
513 STREET ADDRESS
514 CITY-ST-ZIP
[ ] Change [ ] Addition

611 TITLE
612 NAME
613 STREET ADDRESS
614 CITY-ST-ZIP
[ ] Change [ ] Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: [signature] Vincent A. LaSalle 4-3-96 (954) 771-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)