

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

FILED

May 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V29424** (1)  
1. Corporation Name  
**DENTS PLUS, INC.**



Principal Place of Business <b>ONE SAN JOSE PLACE SUITE 1 JACKSONVILLE FL 32257 US</b>		Mailing Address <b>ONE SAN JOSE PLACE SUITE 1 JACKSONVILLE FL 32257-7579 US</b>		3. Date Incorporated or Qualified <b>04/06/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
2. Principal Place of Business 21 <b>2960 Hartley Road West</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2960 Hartley Road West</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3115981</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <b>Jax FL</b>		27 City & State <b>Jax, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip <b>32257</b>		28 Zip <b>32257</b>		5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SLOTT, ARNOLD H. 334 EAST DUVAL STREET JACKSONVILLE FL 32202</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOCK, WILLIAM A.</b>	1.2 NAME	
STREET ADDRESS	<b>ONE SAN JOSE PLACE, SUITE 1</b>	1.3 STREET ADDRESS	<b>2960 Hartley Rd. W.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY - ST - ZIP	<b>Jacksonville, FL 32257</b>
TITLE	<b>DV</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOCK, ANDREW M.</b>	2.2 NAME	
STREET ADDRESS	<b>ONE SAN JOSE PLACE, SUITE 1</b>	2.3 STREET ADDRESS	<b>2960 Hartley Rd. W.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY - ST - ZIP	<b>Jacksonville, FL 32257</b>
TITLE	<b>V</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOCK, MICHELLE</b>	3.2 NAME	
STREET ADDRESS	<b>ONE SAN JOSE PLACE, SUITE 1</b>	3.3 STREET ADDRESS	<b>2960 Hartley Rd. W.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY - ST - ZIP	<b>Jacksonville, FL 32257</b>
TITLE	<b>V</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOCK, JEFFREY</b>	4.2 NAME	
STREET ADDRESS	<b>ONE SAN JOSE PLACE, SUITE 1</b>	4.3 STREET ADDRESS	<b>2960 Hartley Rd. W.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY - ST - ZIP	<b>Jacksonville, FL 32257</b>
TITLE	<b>S</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOCK, BEVERLY</b>	5.2 NAME	
STREET ADDRESS	<b>ONE SAN JOSE PLACE, SUITE 1</b>	5.3 STREET ADDRESS	<b>2960 Hartley Rd. W.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY - ST - ZIP	<b>Jacksonville, FL 32267</b>
TITLE	<b>T</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOCK, ANDREW M</b>	6.2 NAME	
STREET ADDRESS	<b>ONE SAN JOSE PLACE, SUITE 1</b>	6.3 STREET ADDRESS	<b>2960 Hartley Rd. W.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	6.4 CITY - ST - ZIP	<b>Jacksonville, FL 32257</b>

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.

SIGNATURE: **William A. Block** 4/2/97 904 268 8999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)