

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

**FILED**  
**Mar 14 1997 8:00am**  
**Secretary of State**

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 # V38334 (1)**  
 1. Corporation Name  
**HANS R. SALHEISER, D.M.D., P.A.**



Principal Place of Business <b>561 E. HORATIO AVE. MAITLAND FL 32751 US</b>	Mailing Address <b>561 E. HORATIO AVE. MAITLAND FL 32751-4528 US</b>
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3. Date Incorporated or Qualified <b>05/22/1992</b>	3a. Date of Last Report <b>04/01/1996</b>
4. FEI Number <b>59-3129546</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. <b>c/o Robert Mansbach</b> Suite, Apt. #, etc.	2a. Mailing Address 26. <b>c/o Robert Mansbach</b> Suite, Apt. #, etc.
22. <b>315 E. Robinson St #600</b> City & State	27. <b>P.O. Box 3000</b> City & State
23. <b>Orlando, FL</b> Zip Country	28. <b>Orlando, FL</b> Zip Country
24. <b>32801</b> 25. <b>US</b>	29. <b>32802</b> 30. <b>US</b>

9. Name and Address of Current Registered Agent  
**MORGAN, ULTIMA D**  
**315 E ROBINSON ST**  
**SUITE 600**  
**ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
 81. Name  
**Robert E. Mansbach, Jr.**  
 82. Street Address (P.O. Box Number is Not Acceptable)  
**315 E. Robinson Street, Suite 600**  
 83.  
 84. City  
**Orlando** 85. Zip Code  
**FL 32801**

11. Pursuant to the provisions of Sections 607.0402 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 607.0508, Florida Statutes.

SIGNATURE: *Robert E. Mansbach, Jr.* DATE: **25 Feb 1997**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SALHEISER, HANS R</b>	
STREET ADDRESS	<b>9200 LAKE SHARP CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Hans R. Salheiser* DATE: **2/21/97**  
**HANS R. SALHEISER DMD PA PRESIDENT.**  
**407-644-9203**

CR2E034 (9/96)