

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
FILED**

90 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V39499** (1)
1. Corporation Name
FRANCISCO DIAZ, DMD, PA

Principal Place of Business / Mailing Address
**150 MALAGA STREET
ST. AUGUSTINE FL 32054**

2. Principal Place of Business / 2a. Mailing Address
21 / 26
State, Apt # etc. / State, Apt # etc.
22 / 27
City & State / City & State
23 / 28
Zip / Zip Country / Zip Country
24 / 25 / 29 / 30

3. Date Incorporated or Qualified: **05/29/1992** 3a. Date of Last Report: **05/01/1994**
4. FET Number: **59-3129558** 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
7. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SCHAFFER, CLARK
100 SOUTHPARK BLVD.
SUITE 407
ST. AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: **FL**

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: _____ (Signature of Registered Agent or Registered Agent/Secretary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, FRANCISCO	2. NAME	
STREET ADDRESS	4 SURFCREST STREET	3. STREET ADDRESS	
CITY, ST. ZIP	ST. AUGUSTINE FL	4. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST. ZIP		24. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST. ZIP		34. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST. ZIP		44. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST. ZIP		54. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST. ZIP		64. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption established in Section 199.032, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the receiver of this corporation, or have the power to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 1, or Block 2, of a changed or new agreement with an address.

SIGNATURE: *Francisco Diaz Jr* **FRANCISCO DIAZ JR** ✓ 22495 ✓ 904-829-9024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR