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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V48854

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AGAPE DENTAL CENTER, INC.

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Secretary	of State

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625 W UNION S SUITE D JACKSONVILLE		Mailing Address 625 W UNION \$T SUITE D JACKSONVILLE FL 32202-476	4	3. Date Incorporated or Qualified		
					Qualified 3a. Date of Last Report 07/02/1996	
	ace of Business CRILL AVE	2a. Mailing Address 25 2506 CRILL	AVE	4. FEI Number 59-3135354	}+- `	oplied For ot Applicable
Suitc. Apt :	# etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	7	Additional equired
City & State	A FLORIDA	City & State 28 PALATKA FL	ORIDA	Election Campaign Financing Trust Fund Contribution		May Be to Fees
7 ₀ 24 32177	Country 25 U	SA 29 32177 3	Country a USA		Yes X No	199.032
		s of Current Registered Agent		10. Name and Address of New F	Registered Agent	
625 \ Suiti	ll, Larry J. W Union St E D (Sonville FL 32202			SMALL, LARRY J. ddress (P.O. Box Number is Not Accept 53 SR 100	able)	Code 2140
SIGNATURE	Stgrutsise typied or pooled name of	ons 607.0502 and 607.1508, Florida Statutes in the State of Florida Such change was au of the obligations of, Section 607.0505, Florid repostered agent and the flapplicable (NOTE)	, the above-hamed c thorized by the corpo da Statutes.		e purpose of changing to cept the appointment as	registered
		CALCA LUB DIDEOTOCA				
12.		FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTOR	
12.	D	FICERS AND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTOR Change	RS IN 12
THEF	D SMALL, LARRY J.		13. 1.1 TiTLE 1.2 NAME	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTOR Change	
THEF NAME STHEEL AUDRESS	D Small, Larry J. 2216 Albury St.		13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS	OSMALL, LARRY J. 1053 SR 100 PO	FICERS AND DIRECTOR CAP Change BOX 345	Addition
12. THEF NAME STHEEL ACORESS CITY SE-761	D SMALL, LARRY J.		13. 1.1 TiTLE 1.2 NAME	OSMALL, LARRY J. 1053 SR 100 PO FLORAHOME FL	FICERS AND DIRECTOR Change	Addition
THEF	D SMALL, LARRY J. 2216 ALBURY ST. MIDDLEBURG FL D SMALL, LINDA	☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	OSMALL, LARRY J. 1053 SR 100 PO FLORAHOME FL D SMALL, LINDA	BOX 345 32140-034 Change	Addition
12. THEF NAME STREET ADDRESS CITY STATE THEF NAME	D SMALL, LARRY J. 2216 ALBURY ST. MIDDLEBURG FL D SMALL, LINDA 2216 ALBURY ST.	☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	OSMALL, LARRY J. 1053 SR 100 PO FLORAHOME FL D SMALL, LINDA 1053 SR 100 PO	BOX 345 32140-034 Change	Addition
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Information advicated 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 an efficer 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: