

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V49027** (8)

1. Corporation Name

DENTAL TECHNICAL SERVICES, INCORPORATED

Principal Place of Business

**4912 CORAL BLVD.
BRADENTON FL 34210**

Mailing Address

**4912 CORAL BLVD.
BRADENTON FL 34210**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**SCHOFIELD, P. ALLEN
1429 60TH AVENUE WEST
SUITE 300
BRADENTON FL 34207**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/06/1992

3a. Date of Last Report

03/28/1995

4. FEI Number

65-0348801

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**

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes

☒ Yes

☐ No

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 607.1503, 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, thereby accept the appointment of a registered agent, I am familiar with, and accept the obligations of, Section 607.1503, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

1. TITLE

D

☐ DELETE

NAME

**BEAULIEU, STEVEN
4912 CORAL BLVD.
BRADENTON FL**

STREET ADDRESS

CITY-STATE-ZIP

2. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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 190.07(3)(a), 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 attached page with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

941-795-8500

CR2E034 (12/95)