

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

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000004674 (2)
 1. Corporation Name
HADDAD O.M.S. AND ASSOCIATES, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1532 OAKFIELD DRIVE SUITE B BRANDON FL 33511	Mailing Address 1532 OAKFIELD DRIVE SUITE B BRANDON FL 33511
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3. Date Incorporated or Qualified 01/16/1997	4. FEI Number 59-3422182	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 6 BROADWATER DRIVE Suite, Apt #, etc. 22 City & State 23 ORMOND BEACH FL Zip Country 24 32174 25 U.S.A.	2a. Mailing Address 26 6 BROADWATER DRIVE Suite, Apt #, etc. 27 City & State 28 ORMOND BEACH FL Zip Country 29 32174 30 U.S.A.
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9. Name and Address of Current Registered Agent HADDAD, RAYMOND D DR. 1532 OAKFIELD DRIVE SUITE B BRANDON FL 33511	10. Name and Address of New Registered Agent 81 Name RAYMOND D. HADDAD, D.M.D. 82 Street Address (P.O. Box Number is Not Acceptable) 6 BROADWATER DRIVE 83 84 City ORMOND BEACH FL 85 Zip Code 32174
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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 _____ DATE _____
Signature: typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HADDAD, RAYMOND D DR.	1.2 NAME	RAYMOND D. HADDAD, D.M.D.
STREET ADDRESS	1532 OAKFIELD DRIVE, SUITE B	1.3 STREET ADDRESS	6 BROADWATER DRIVE
CITY-ST-ZIP	BRANDON FL 33511	1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: **Raymond D. Haddad, D.M.D.** **MARCH 5, 1998 904-615-1476**
RAYMOND D. HADDAD, D.M.D. (PRESIDENT/DIRECTOR)

CFR2E034 (10/97)