

FILED
Jun 28, 1999 8:00 am
Secretary of State

ANNUAL REPORT
1999



Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V01582

1. Corporation Name
OAKHURST DENTAL GROUP, ROBERT S. REAVES, DDS, P.
A.

06-28-1999 90005 022 ***150.00
07-15-1999 90015 045 ***400.00

Principal Place of Business
1511 INDIAN ROCKS RD S
LARGO FL 33770
US

Mailing Address
1511 INDIAN ROCKS RD S
LARGO FL 33770
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/19/1991

4. FEI Number
65-0308546

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 owes the current year Intangible
Personal Property Tax. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

30

9. Name and Address of Current Registered Agent
REAVES, ROBERT S.
1511 INDIAN ROCKS RD S
LARGO FL ~~33770~~
33770

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL 33772

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	REAVES, ROBERT S.	1511 INDIAN ROCKS RD S	LARGO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

6-24-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #