FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 604399 (6)

1. Corporation Name
TRACHT & EVANS, D.D.S., P.A.

Principal Place of Business
1515 SOUTH OSPREY AVENUE
SARASOTA FL 34239

Mailing Address
1515 SOUTH OSPREY AVENUE
SARASOTA FL 34239

3. Date Incorporated or Qualified: 06/01/1973
3a. Date of Last Report: 03/02/1995
4. FEI Number: 59-1456379 ☐ Applied For ☐ Not Applicable

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

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. 199.032 Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
TRACHT, GARRY D., D.D.S.
1515 SOUTH OSPREY AVENUE
SARASOTA FL 33577

10. **Name and Address of New Registered Agent**
81 Name: EVANS, MICHAEL P
82 Street Address (P.O. Box Number is Not Acceptable): 1859 LOMA LINDA
83
84 City: SARASOTA FL 85 Zip Code: 34239

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] Michael P. Evans   DATE: 2-6-96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	S ☐ Change ☒ Addition
NAME	TRACHT, GARRY D.		1.2 NAME	~~LISA C EVANS~~ LISA C EVANS
STREET ADDRESS	1515 SO. OSPREY AVE.		1.3 STREET ADDRESS	1859 LOMA LINDA
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA FL
TITLE	S	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIS, ROBERT H.		2.2 NAME	
STREET ADDRESS	1717 SO. OSPREY AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DORRILL, WILLIAM E.		3.2 NAME	
STREET ADDRESS	1717 SO. OSPREY AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, MICHAEL P.		4.2 NAME	
STREET ADDRESS	1859 LOMA LINDA		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-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 119.07(3)(k), 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: [signature] M. P. Evans   2-6-96   (813)366-7776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)