FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
SUNBIZ.NET
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

APPROVED
AND
FILED

95 MAY -1 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 613709 (5)

1. NORTH RIVER DENTAL GROUP, P.A.

3030 US HGWY 301 ELLENTON FL 34222	3030 US HGWY 301 ELLENTON FL 34222

3. 03/21/1979
3a. 05/01/1994

4. FEI Number: 59-1908743 — Applied For / Not Applicable

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

8. Is the corporation an insurance company as defined in Section 624.03 of the Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

GASSMAN, ALAN S.
1212 COURT STREET, SUITE B
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable):
B3
B4 City: FL B5 Zip Code:

11. Pursuant to the provisions of Section 607.0505 or 617.0505, Florida Statutes, the undersigned corporation submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered agent and the registered office before this statement are:

Signature of

12.
P
STEINBERG, RICHARD W
3030 US HWY 301
ELLENTON FL

13. Additional officers and directors may be entered on an attached sheet.

Title / Add

14. To the best of my knowledge, this corporation has complied with the laws of Florida, and that this report is true and correct. I am aware that false information submitted in a document to the Department of State is a violation of Florida law. I know of no reason why the corporation is not entitled to file this report. I understand that the signature below constitutes my resignation as registered agent, if I am currently the registered agent of the corporation listed above. I understand that the signature below constitutes my resignation as registered agent, if I am currently the registered agent of the corporation listed above.

SIGNATURE: Richard W. Steinberg DDS 4/27/95 813-722-0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0348167 CP