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

CITY-ST-ZIP

**FILED PROFIT** Feb 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 697530 (4)JOHN A. LINDSAY, D.D.S., P.A. Principal Place of Business Mailing Address 2600 N. MILITARY TRAIL. SUITE 310 2600 N. MILITARY TRAIL, SUITE 310 **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1981 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 21 26 59-2117957 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 30 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name SHAMEL, C. RICHARD, JR. 212 NORTH FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 83 84 City 85 Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 DELETE Change Addition 1.1 TITLE TITLE LINDSAY, JOHN A. 1.2 NAME NAME 2900 N.W. 29TH RD. 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE PST 2.1 TITLE TITLE LINDSAY, JOHN A. 2.2 NAME NAME 2900 N.W. 29TH RD. 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 2. 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition DELETE Change 3.1 TITLE TITLE NAME 32 NAME STREET ADDRESS 3.3 STREFT ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZiP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition TITLE DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 supplied in the condition of the 6.4 CHY-ST-ZIP

TO HALA Linden ANS. 02/1/98 (961)9974080