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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # G14448 (6)

1. Corporation Name
CENTRAL FLORIDA DENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
140 S. ATLANTIC AVE. STE #201 ORMOND BEACH FL 32176 US	140 S. ATLANTIC AVE STE #201 ORMOND BEACH FL 32176-6698 US

3. Date Incorporated or Qualified: 12/21/1982
3a. Date of Last Report: 04/16/1996
4. FEI Number: 59-2270457 ☐ 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
REYNOLDS, FRANK A., DDS
1184 OCEAN SHORE BLVD.
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent
81 Name Stephen W. Stamper
82 Street Address (P.O. Box Number is Not Acceptable) 140 South Atlantic Avenue
83
84 City Ormond Beach, FL 85 Zip Code 32'

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: Stephen W. Stamper]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STAMPER, STEPHEN W, DDS		1.2 NAME	
STREET ADDRESS	2727 N. ATLANTIC AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH, FL 00000		1.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	2.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	FOX, HARVEY R DDS		2.2 NAME	Thomas W. Schroeder, DDS
STREET ADDRESS	875 MASON AVE		2.3 STREET ADDRESS	252 Gull Drive
CITY-ST-ZIP	DAYTONA BCH FL		2.4 CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	T	☒ DELETE	3.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	REYNOLDS, FRANK A., DDS		3.2 NAME	James A. Hazard, DDS
STREET ADDRESS	1184 OCEAN SHORE BLVD.		3.3 STREET ADDRESS	333 Cornell Drive
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SNYDER, JOSEPH R DDS		4.2 NAME	
STREET ADDRESS	159 BROADWAY AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH 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	

CR2E034 (9/96)

14. I do 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: [signature] (904) 6?? -2455