2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State
03-29-2004 90062 022 ***150.00

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DOCUMENT # P01000003520

1. Entity Name

EXCEPTIONAL DENTISTRY, INC.

Principal Place of Business	Mailing Address
4960 NEWBERRY RD 202 GAINESVILLE FL 32607	3723 SW 99TH TERRACE GAINESVILLE FL 32608

66410010

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
	3902 SW 88th St.
Suite, Apt. #, etc. #220	Suite, Apt. #, etc.
City & State	City & State Gainesville FL
Zip / Country	Zip 32608 / Country Alachua

4. FEI Number 59-3694451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DR CLEARWATER FL 33761 — CORRECT	Name: Exceptional Dentistry, Inc. Street Address (P.O. Box Number is Not Acceptable): 4960 Newberry Rd #220 City: Gainesville FL Zip Code 32607

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 3/24/04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOWERY, ARTHUR J JR 3902 SW 88TH ST. GAINESVILLE FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3902 SW 88th Street.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Mowery, Kimberley	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P Mowery, Kimberley B. 3902 SW 88th Street Gainesville FL 32608	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/24/04 Date (352) 332-6725 Daytime Phone #

Exceptional Dentistry INC
Personalized & Comfortable

Attachment

604110675
#P01000003520

To Whom It May Concern,

Please be advised that the Registered Agent IS CORRECT.

Financial Foundations, Inc
3150 Sandy Ridge Dr.
Clearwater, FL 33761

Thank You,

Ted Morris

4960 Newberry Road, #220
Gainesville, Florida 32607
Telephone • (352) 332-6725
Facsimile • (352) 372-1717