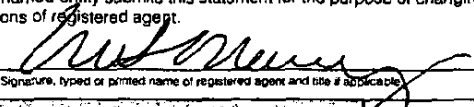
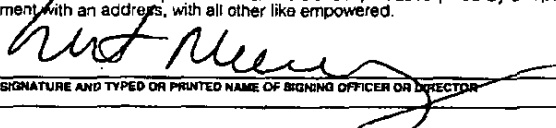


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

03-29-2004 90062 022 ***150.00

DOCUMENT # P01000003520 1. Entity Name EXCEPTIONAL DENTISTRY, INC.																													
Principal Place of Business 4960 NEWBERRY RD #220 GAINESVILLE FL 32607			Mailing Address 3723 SW 88TH TERRACE GAINESVILLE FL 32608																										
2. Principal Place of Business Suite, Apt. #, etc. # 220		3. Mailing Address 3902 SW 88th St. Suite, Apt. #, etc.																											
City & State Zip		City & State Gainesville FL Zip 32608		4. FEI Number 59-3694451 Applied For ☐ Not Applicable																									
Country		Country Florida		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DR CLEARWATER FL 33761			7. Name and Address of New Registered Agent 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  DATE 3/24/04 (NOTE: Registered Agent signature required when re-registering)																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:30%;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MOWERY, ARTHUR J JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3902 SW 88TH ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE FL 32608</td> <td></td> </tr> </table>			TITLE	P	☐ Delete	NAME	MOWERY, ARTHUR J JR		STREET ADDRESS	3902 SW 88TH ST.		CITY-ST-ZIP	GAINESVILLE FL 32608		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3902 SW 88th Street.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS	3902 SW 88th Street.		CITY-ST-ZIP		
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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:  DATE **3/24/04** (303) 332-6725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exceptional Dentistry INC
Personalized & Comfortable



Attachment

60410675
#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,

Hub Moring

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

