FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 22 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000033962 (0)

1. Corporation Name
STEVEN D. NEYER, DMD, PA

Principal Place of Business	Mailing Address
923 BROADWAY DUNEDIN FL 34698	923 BROADWAY DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/07/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3138248 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEYER, STEVEN D
923 BROADWAY
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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: Steven D Neyer, DMD 1/17/95
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	D	1.1 TITLE	D also P	☐ Change ☐ Addition
NAME	NEYER, STEVEN D	1.2 NAME		
STREET ADDRESS	923 BROADWAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE	VP	☐ Change ☑ Addition
NAME		2.2 NAME	Debbie S. Neyer	
STREET ADDRESS		2.3 STREET ADDRESS	923 Broadway	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Dunedin, Fla 34698	
TITLE		3.1 TITLE	T	☐ Change ☑ Addition
NAME		3.2 NAME	Pete Kratzenberg	
STREET ADDRESS		3.3 STREET ADDRESS	10 Village Way	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Harbor, Fla 34683	
TITLE		4.1 TITLE	S	☐ Change ☑ Addition
NAME		4.2 NAME	Linda Eckoff	
STREET ADDRESS		4.3 STREET ADDRESS	10 Village Way	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palm Harbor, Fla 34683	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Steven D Neyer President 1/17/95 813-733-7898
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Steven D Neyer, DMD

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