SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000095963 (1) **DOCUMENT #** BROWARD COUNTY DENTAL SURGERY, P.A. Mailing Address Principal Place of Business 5181 N.E. 19TH AVENUE 5181 N.E. 19TH AVENUE FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 3a. Date of Last Report 3. Date incorporated or Qualified 12/19/1995 Applied For 2a. Mailing Address 70632683 2. Principal Place of Business Not Applicable 26 \$8.75 Additional 21 Suite, Apt. #, etc. Certificate of Status Desired Fee Required Suite, Apt #, etc \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199 032, 23 Country Zip Yes No Zip Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name CLARKE, JOHN R Street Address (PO. Box Number is Not Acceptable) 82 5181 N.E. 19TH AVENUE FT. LAUDERDALE FL 33308 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DAIL (BODE) Registered Agent signal are to fined when reducing thing) SIGNATURE Stiple state. Type For protest made of registered a joint and title 1 applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 1 ! TITLE TITLE 1.2 NAME CLARKE, JOHN R NAME 1.3 STREET ADDRESS 5181 N.E. 19TH AVENUE STREET ADDRESS 1.4 CiTY - ST-ZIP FT. LAUDERDALE FL 33308 Change Addition CHTY - ST - ZIP DELETE 21 THLE TIFLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY - ST - ZiP DELETE 3 L TITLE TiTLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3 4. City - ST - ZIP Change Addition CITY-ST-ZIP DELETE 4 1 TiTLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition CITY - ST-ZIP DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 6 1 TITLE TITLE € 2 NAME NAME

14. Ido 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)(k). 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X June 20, 96 749-4719

(36/8)