2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # \$30404** Mar 01, 2000 8:00 am Secretary of State 1. Entity Name PROSTHODONTIC INNOVATIONS, P.A. 03-01-2000 90057 022 ***150.00 Mailing Address Principal Place of Business 9250 BAYMEADOWS RD 9250 BAYMEADOWS RD **STE 300 STE 300** JACKSONVILLE FL 32256-1813 JACKSONVILLE FL 32256 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3051738 Not Applicable Country \$8.75 Additional Zip Country \Box Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUSCHMAN, ALBERT E. JR Street Address (P.O. Box Number is Not Acceptable) 2215 S THIRD ST STE 101 JACKSONVILLE BEACH FL 32250 Zip Code City FL 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPS Delete TITLE Change ☐ Addition TITLE ELIAS, NIDELS D NAME NAME 9250 BAYMEADOWS RD #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL Addition Change ☐ Delete TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition 🔲 Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITI F

13. I hereby certify that the information supplied with this filing does not quality 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

-Nidal S. Elias

2-22-00

904-731-2120

Change

☐ Addition

Daytime Phone i