

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 27 1998 8:00am
Secretary of State

<div style="display: flex; justify-content: space-between;"> <div> DOCUMENT # H75516 1. Corporation Name PHILLIP ESTES, D.M.D., P.A. </div> <div style="text-align: center;"> (5) </div> </div>																																																																																																														
Principal Place of Business 7025 N. WICKHAM RD. SUITE 105 MELBOURNE FL 32940		Mailing Address 7025 N. WICKHAM RD. SUITE 105 MELBOURNE FL 32940																																																																																																												
2. Principal Place of Business 21 38 Suntree PL Suite, Apt. #, etc. 22 Suite 1 City & State 23 Melbourne, FL Zip Country 24 32940 25 USA		2a. Mailing Address 26 38 Suntree Place Suite, Apt. #, etc. 27 Suite 1 City & State 28 Melbourne, FL Zip Country 29 32940 30 USA																																																																																																												
9. Name and Address of Current Registered Agent ESTES, PHILLIP 7025 N. WICKHAM ROAD SUITE 105 MELBOURNE FL 32940		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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																														
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ESTES, PHILLIP</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7025 N WICKMAN RD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MELBOURNE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> DELETE	NAME	ESTES, PHILLIP		STREET ADDRESS	7025 N WICKMAN RD.		CITY - ST - ZIP	MELBOURNE FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">11 TITLE</td> <td style="width: 70%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>12 NAME</td> <td></td> </tr> <tr> <td>13 STREET ADDRESS</td> <td></td> </tr> <tr> <td>14 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>21 TITLE</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>22 NAME</td> <td></td> </tr> <tr> <td>23 STREET ADDRESS</td> <td></td> </tr> <tr> <td>24 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>31 TITLE</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>32 NAME</td> <td></td> </tr> <tr> <td>33 STREET ADDRESS</td> <td></td> </tr> <tr> <td>34 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>41 TITLE</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>42 NAME</td> <td></td> </tr> <tr> <td>43 STREET ADDRESS</td> <td></td> </tr> <tr> <td>44 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>51 TITLE</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>52 NAME</td> <td></td> </tr> <tr> <td>53 STREET ADDRESS</td> <td></td> </tr> <tr> <td>54 CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>61 TITLE</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>62 NAME</td> <td></td> </tr> <tr> <td>63 STREET ADDRESS</td> <td></td> </tr> <tr> <td>64 CITY - ST - ZIP</td> <td></td> </tr> </table>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME		13 STREET ADDRESS		14 CITY - ST - ZIP		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME		23 STREET ADDRESS		24 CITY - ST - ZIP		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME		33 STREET ADDRESS		34 CITY - ST - ZIP		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME		43 STREET ADDRESS		44 CITY - ST - ZIP		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME		53 STREET ADDRESS		54 CITY - ST - ZIP		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME		63 STREET ADDRESS		64 CITY - ST - ZIP	
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SIGNATURE:

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