| I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 |
| above, or on an attachment with all other like empowered. |
| |

BOOKKEEPER

04/22/2015

SIGNATURE: KIM KERN

Electronic Signature of Signing Officer/Director Detail

Entity Name: MEADOWS DENTAL ASSOCIATES, P.A.

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

4987 RINGWOOD MEADOW SARASOTA, FL 34235

Current Mailing Address:

4987 RINGWOOD MEADOW SARASOTA, FL 34235 US

FEI Number: 65-0035352

Name and Address of Current Registered Agent:

HOLT, MICHAEL 4837 SWIFT RD. SUITE 210 SARASOTA, FL 34231 US

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 | : MICHAEL HOLT | | | 04/22/2015 | |
|---------------------------|--|-----------------|----------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Officer/Director Detail : | | | | | |
| Title | VP | Title | Р | | |
| Name | PORTER, MARY I. DMD | Name | MCCABE D.M.D, TODD W | | |
| Address | 4987 RINGWOOD MEADOW | Address | 4987 RINGWOOD MEADOW | | |
| City-State-Zip: | SARASOTA FL 34235 | City-State-Zip: | SARASOTA FL 34235 | | |

Certificate of Status Desired: No

FILED Apr 22, 2015 Secretary of State CC7342098932

Date