FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE **PROFIT** Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 (6)535320 **DOCUMENT #** 1. Corporation Name PARAMONT DENTAL STUDIO, INC. 1 1859 | 186 | 187 | 186 | 186 | 186 | 186 | 186 | 186 | 186 | 186 | 186 | 186 | 186 | 186 | 186 | 186 | 186 | Mailing Address Principal Place of Business 2100 LAKE IDA RD. STE 3 2100 LAKE IDA RD. STE 3 DELRAY BCH. FL 33445-2442 DELRAY BCH. FL 33445-2442 3a. Date of Last Report 3. Date Incorporated or Qualified US 04/13/1995 05/09/1977 Applied For 4. FEI Number 2a. Mailing Address Not Applicable 2. Principal Place of Business 59-1743122 26 \$8.75 Additional 21 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required Suite, Apt. #, etc. 27 \$5.00 May Be 6. Flection Campaign Financing 22 City & State Added to Fees Trust Fund Contribution City & State 8. This corporation has liability for intangule tax under s 199.032, Florida Stalutes Yes TVNo 28 23 Country Zip Country Zφ 30 10. Name and Address of New Registered Agent 29 25 24 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) 82 PIZZI,GUY M. 7026 NW 40TH CT 83 **CORAL SPRINGS FL 33065** 7ip Code F١ 84 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. its registered office (NOTE: Registered Agent's photone requir ne stacht ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Signature, typind or printed name of registered agent and title if applicable SIGNATURE 13. Addition OFFICERS AND DIRECTORS 12 DELETE 1.3 THE PD TITLE 1.2 NAME PIZZI, GUY M. NAMî 1.3 STREET ADDRESS 7026 N. W. 40 CT 33065 STREET ADDRESS 14 CITY-ST ZIF ☐ Addition CORAL SPRINGS, FL. 00000 CiTY-ST-ZIP 2 1 HILE DELETE STD TITLE 2.2 NAME GROB, WAYNE I. NAME 2.3 STREET ADDRESS 9371 N.W. 16 ST. STREET ADDRESS 2 4 CITY - ST -Add:tion PLANTATION FL ☐ Change CITY-ST-ZIP 3. 1 TITLE DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - 7IF ☐ Addition Change CITY-ST-ZIP DELETE. 4. 1 TULE TITLE 4.2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - Z.P ☐ Addition Change CITY - ST - ZIP DELETE 5. 1 TITLE THLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY - S1 - ZIP Change Addition CITY-ST-ZIP DELETE 6 1 TILLE TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

OFFICER OR DIRECTOR

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)(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 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 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 certify that it am an officer or director of the corporation or true receiver or truster employee 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.

CR2E034 (12/95)