SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT Jul 31 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # (1) J. MILTON MCKNIGHT, D.D.S., P.A. Principal Place of Business Mailing Address 3599 UNIVERSITY BLVD S. 3599 UNIVERSITY BLVD S. SUITE 102 SUITE 102 JACKSONVILLE FL 32216 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32216 3. Date Incorporated or Qualified 3a. Date of Last Report 10/01/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-1765652 Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCKNIGHT, J. MILTON 3599 UNIVERSITY BLVD S. Street Address (P.O. Box Number is Not Acceptable) SUITE 102 JACKSONVILLE FL 32216 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 pointed name of registered agent and title if applicable (NOTE: Flog stered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSD DELETE TITLE ☐ Change ☐ Addition 1.1 TITLE MCKNIGHT, J. MILTON NAME 1.2 NAME 3599 UNIVERSITY BLVD S. STREET ADDRESS 13 STREET ADDRESS JACKSONVILLE FL CITY-SY-ZIP 14 CITY-ST-ZIP TITLE DEFETE ☐ Change Addition 21 TITLE NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 31 TITLE Addition MAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 2IP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 CITY-S1-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee empowered 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.

FILED