FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT FLORIDA DEPARTMENT OF STATE Feb 05 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3)RICHARD C. HALL, D.D.S., P.A. Principal Place of Business Mailing Address 2707 E. ATLANTIC 2707 E. ATLANTIC POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1805890 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 29 Personal Property Tax due June 30. 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HALL, RICHARD C. 2707 E. ATLANTIC 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 83 84 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TOLE HALL, RICHARD C. NAME 1.2 NAME 2707 E. ATLANTIC BLVD. STREET ADORESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY - ST - ZIP 1.4 CITY - ST- ZIP ST DELETE Change Addition TITLE 2.1 TITLE HALL, RICHARD C. NAME 2.2 NAME 2707 E. ATLANTIC BLVD. STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 3.1 TITLE TI7LE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE 4.1 TITLE Change TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

Thereby 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.

GNATURE:

| 1-6-98 (954) 132-8980|

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change

___ Addition

CR2E034