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

FILED Apr 30 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)PINE GROVE DENTAL LAB. INC. Principal Place of Business Mailing Address 807 US 41 BYPASS SOUTH 807 US 41 BYPASS SOUTH VENICE FL 34292 VENICE FL 34292 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1848809 21 Not Applicable 26 Suite, Apt. #, etc. Suite Ant # 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 Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TRACY, DENNIS J. 229 PENSACOLA ROAD 82 Street Address (P.O. Box Number is Not Acceptable) VENICE FL 33595 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Hagistered Agent signature required when reinstating) Signature, typed or product name of registered agent and time trapply able 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THLE 1.1 TITLE Change PIPPIN, MAUREEN A NAME 1.2 NAME 3564 SHAMROCK DR STREET ADDRESS 13 STREET ADDRESS VENICE, FL 00000 CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition TITLE 2.1 TITLE PIPPIN, STUART E 2.2 NAME NAME 3564 SHAMROCK DR STREET ADDRESS 2.3 STREET ADDRESS VENICE, FL 00000 CITY - ST - ZIP 2 4 CITY-ST-ZIP Addition DELETE Change TITLE 3 1 TITLE NAME 32 NAME STREET ADDRESS 3 3 STHEET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-S1-7IP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME

CITY-ST-ZIP 6 4 CITY - ST - ZIP 14. 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 innual report is true and accurate and that my signature shall have the same logal 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

61 TITLE

62 NAME

DELETE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-7IP

STREET ADDRESS

CR2E034 (10/9)

Addition