SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** 587678 (4)SWEETWATER DENTAL GROUP, P.A. Principal Place of Business Mailing Address 901 WEKIVA SPRINGS RD. LONGWOOD FL 32779-2501 901 WEKIVA SPRINGS RD. LONGWOOD FL 32779-2501 3. Date Incorporated or Qualified 3a. Date of Last Report 10/01/1978 03/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 26 59-1845956 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Zip Added to Fees Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes 🗌 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GLASS, LEONARD N. DDS. 901 WEKIVA SPRINGS RD. Street Address (P.O. Box Number is Not Acceptable) 82 LONGWOOD, FL EDF 32779 83 84 City 85 Zip Code 11. Pursuant to the pro-0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered ale of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered objections of, Section 607.0505. Florida Statutes. office or registere agent. I am familia SIGN NURE ager Land title it approach o (NOTE: Registered Agend signature required when reinstating): 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)TITLE DELETE 1.1 TiTLE Change Addition NAME GLASS, LEONARD N. 1.2 NAME CR2E034 STREET ADDRESS 7951 LAKE ROSS LN. 13 STREET ADDRESS CITY-ST-ZIP SANFORD FL 14 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2 4 City - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST-ZIP 34 CITY-ST-ZIP THLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 44 CITY - ST - ZIP TITLE DELFTE 5.1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY -ST-ZIP 54 CITY - ST- ZIP TITLE DELFTE 400001931044pange Addition -08/23/96--01067--041 ***375.00 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS DITY-ST-ZIP 64 CITY - \$1 - ZIP 14. I do hereby certify that the info p is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(2)(k). Proport or supplemental annual report is true and accurate and that my signature shall it avoids early ration or the receiver or trustee empowered to execute this report as required by Chapter 17. From on an attachment with an address supplied further certify that the informat made under oath, that I am a :ated on SIGNATURE!

AND TREE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR