4-17-98 B- 4992 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 17 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 601501 (0) ROLAND C. THALER, JR., D.D.S., P.A. Principal Place of Business Mailing Address 3500 WEST UNIVERSITY AVENUE 3500 WEST UNIVERSITY AVENUE GAINESVILLE FL 32007 GAINESVILLE FL 32007 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1969 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-1274154 Not Applicable 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THALER JR.ROLAND C 3500 W UNIVERSITY AVE Street Address (P.O. Box Number is Not Acceptable) **B2** GAINESVILLE FL 32607 83 84 City 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS 12. 13. DELETE 1.1 TITLE Change TITLE

DIRECTORS IN 12 Addition THALER JR, ROLAND 1,2 NAME 3500 W UNIVERSITY AVE. STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP SD DELETE Addition 21 TITLE TATLE BAXTER, JON G 2.2 NAME NAME 3500 S.W. 2ND AVE. STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL** 2 4 CITY-ST-ZIP CITY-S1-ZIP DELETE Addition 3 1 TITLE TITLE NAME 32 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TATLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE ☐ Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 frue 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 frustee 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.

6.4 CITY-ST-ZIP

SIGNATURE: Claude 20

CR2E034