2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am Secretary of State DOCUMENT # 602540 Entity Name R. HUGHES III, D.D.S., P.A. 02-20-2002 90078 006 ***150.00 rincipal Place of Business Mailing Address 3375-E CAPITAL CIRCLE NE 75-E CAPITAL CIRCLE NE ALLAHASSEE FL 32308 TALLAHASSEE FL 32308 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1308683 Not Applicable Zip Country ----Zip Country \$8.75 Additional 5. Certificate of Status Desired - - - -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent hughes III, Joseph R Street Address (P.O. Box Number is Not Acceptable) 3375 E CAPITAL CIRCLE NE TALLAHASSEE FL 32308 Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ÎLE TITLE ☐ Addition PD ☐ Delete ξMΕ. HUGHES III, JOSEPH R NAME REET ADDRESS 3375 E CAPITAL CIRCLE NE STREET ADDRESS . TY-ST-ZIP TALLAHASSEE, FL 00000 CITY-ST-ZIP ŗιε ☐ Delete ☐ Change ☐ Addition TITLE ĺΜΕ NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP Change Addition fιε ☐ Delete TITLE ME NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ΪLΕ TITLE Change Change ☐ Addition ☐ Delete ME NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ÎLE TITI F ☐ Change ☐ Addition ☐ Delete ME NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition ME NAME reet address STREET ADDRESS . TY-ST-ZIP CITY-ST-ZIP

I 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 report or supplemental 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 pr trustee empowered to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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changed, or on an attachmen

ATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/7/02 850/385-2003

FILED