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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

**FILED PROFIT** FLORIDA DEPARTMENT OF STATE Jan 28 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)RICHARD J. ZULLO, D.D.S., P.A. Principal Place of Business Mailing Address 1385 W HIGHWAY 434 1385 W HIGHWAY 434 LONGWOOD FL 32750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1947951 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes 24 25 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name RYDER, ART W., D.M.D. 1385 W HIGHWAY 434 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 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) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition ZULLO, RICHARD J. NAME 1.2 NAME **CR2E034** 1385 W. HIGHWAY 434 STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL CITY - ST - ZIP 1.4 CITY - ST - ZIP TSD DELETE ☐ Change \_\_\_ Addition TITLE 2.1 TITLE RYDER, ART W. NAME 2.2 NAME 1385 W HIGHWAY 434 STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Addition NAME KRAMER, JUDITH 3.2 NAME 1385 W HIGHWAY 434 STREET ADDRESS 3.3 STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 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 armual report or complemental armual 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 12 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 12 the corporation of the receiver of the receiver of the corporation of the receiver of th SIGNATURE:

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

Addition

6.1 TITLE

6.2 NAME

DELETE