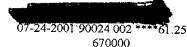
2001 UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # 670000 670000 FILED Oral-Facial & Implant Surger 01 AUG -6 PM 6: 05 Principal Place of Business SECRETARY OF STATE 1837 Brantley Pd. FI.Myers, FL 33907 1537 Brantley Rd Ft. Myers, FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Tamiami Tr.#A Zip Code FL 8. 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 (NOTE: Registered Agent signature required when reinstating) 9:-This corporation is eligible to satisfy its Intangible ---FILE NOWIII-FÉE IS \$150.00-10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State W OFFICERS AND DIRECTORS 0 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 president Sec. TITLE Delete TITLE ☐ Change M Addition NAME stephen Anderson DDS NAME Jay C. Cagata Brantley 7d STREET ADDRESS STREET ADORESS Brantley ra CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ■ Addition ☐ Change hristopher B. Hoek, DOS 1537 Brantley Rd. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 11 or Block 12 if changed, or on an attachment with an address, with air true the empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF THINTED NAME OF SIGNING OFFICER OR DIRECTOR