FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:29

DOCUMENT # 770001 (6)

1. Corporation Name

NORTH POINT BUSINESS CENTER OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2012-D NORTH POINT BLVD. TALLAHASSEE FL 32301-2103	2012-D NORTH POINT BLVD. TALLAHASSEE FL 32301-2103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1983
3a. Date of Last Report: 08/10/1994
4. FEI Number: 26-5581940 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2012-D North Point Blvd	27 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State TALLAHASSEE FL	28 City & State
24 Zip 32308 25 Country LEON	29 Zip 30 Country

9. Name and Address of Current Registered Agent

FIXEL, JOE W.
211 S GADSDEN
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Marshall R. Cassedy Jr
82 Street Address (P.O. Box Number is Not Acceptable): 2012-D North Point Boulevard
83
84 City: TALLAHASSEE FL 85 Zip Code: 32308

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: Marshall R. Cassedy Jr / MRC — DATE: 4/24/95
(Signature, typed or printed name of registered agent and title if applicable) (If Registered Agent signature required when name/address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	CASSEDY, MARSHALL	12 NAME	
13 STREET ADDRESS	7098 CHIMNLY SWIFT HOLLOW	13 STREET ADDRESS	
14 CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	
21 TITLE	VPD	21 TITLE	☐ Change ☐ Addition
22 NAME	HEALEY, JIM	22 NAME	
23 STREET ADDRESS	515 EAST PARK AVE.	23 STREET ADDRESS	
24 CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
31 TITLE	D GLEN	31 TITLE	☐ Change ☐ Addition
32 NAME	GLEN DAVIDSON	32 NAME	
33 STREET ADDRESS	2012 North Point Blvd	33 STREET ADDRESS	
34 CITY ST ZIP	Tall, FL 32308	34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE	REMITTED BY MAY 1	51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MRC Jr / Marshall R. Cassedy — 04/24/95 — 904-386-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027388

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

APPROVED AND FILED

95 JUL 19 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770341 (6)

1. Corporation Name

THE FLORIDA ACADEMY OF COMPREHENSIVE DENTISTRY, INC.

Principal Place of Business	Mailing Address
7201 NW 9TH ST. PLANTATION FL 33317	7201 NW 9TH ST. PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/03/1983	07/08/1994

4. FEI Number: 59-2510190 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) — Country (25)	Zip (29) — Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TONN, GENE H., DDS 7201 NW 9TH ST PLANTATION FL 33317	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TORRES, ENESTO I.	12 NAME	900001545299
STREET ADDRESS	1245 S. VOLUSIA AVE.	13 STREET ADDRESS	-07/25/95--01058--024
CITY, ST. ZIP	ORANGE CITY FL	14 CITY, ST. ZIP	*****61.25 *****61.25
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	CARLOW, ANNA M.	22 NAME	
STREET ADDRESS	215 IMPERIAL BLVD.	23 STREET ADDRESS	
CITY, ST. ZIP	LAKELAND FL	24 CITY, ST. ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	TONN, GENE H.	32 NAME	
STREET ADDRESS	7201 NW 9TH ST.	33 STREET ADDRESS	
CITY, ST. ZIP	PLANTATION FL	34 CITY, ST. ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST. ZIP		44 CITY, ST. ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST. ZIP		54 CITY, ST. ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS	TG 7/19/95	63 STREET ADDRESS	
CITY, ST. ZIP		64 CITY, ST. ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Gene H. Tonn — 6/16/95 — (305) 581-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010216