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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90017 039 ***150.00

DOCUMENT # F33651

1. Corporation Name

~~JOHN C. HALL, JR., D.D.S., P.A.~~

FAMILY DENTISTREE OF SARASOTA, INC.

Principal Place of Business	Mailing Address
C/O CHRISTIANSEN & DEHNER. P.A. 2975 BEE RIDGE RD. STE. C SARASOTA FL 34239	C/O CHRISTIANSEN & DEHNER. P.A. 2975 BEE RIDGE RD. STE. C SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1981

2. Principal Place of Business 21 3850 SOUTH OSPREY AVENUE	2a. Mailing Address 26 C/O CHRISTIANSEN & DEHNER, P.A.	4. FEI Number 59-2701026	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 63 SARASOTA CENTER BLVD SUITE 107	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 SARASOTA FL	City & State 28 SARASOTA FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 34239 / 25 US	Zip / Country 29 34240 / 30 US	8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHRISTIANSEN & DEHNER, P.A. 2975 BEE RIDGE RD SUITE C SARASOTA FL 34239	81 Name: CHRISTIANSEN & DEHNER, P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 63 SARASOTA CENTER BLVD SUITE 107 83 84 City: SARASOTA FL 85 Zip Code: 34240

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: V.P. SCOTT R. CHRISTIANSEN DATE: 3/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST HALL, JOHN C, JR 1762 SOUTH DR. SARASOTA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	ST HALL, JOHN C, JR 3850 S OSPREY AVE SARASOTA FL 34239	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V BRIGGS, ROBERT E 3850 S OSPREY AVE SARASOTA FL 34239	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	P MILLER, JAMES R 3850 S OSPREY AVE SARASOTA FL 34239	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

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

CR2E034 (11/98)