2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 14, 2000 8:00 am Secretary of State **DOCUMENT # F80635** MIDWAY DENTAL CENTER, P.A. 02-14-2000 90168 003 ***150.00 Principal Place of Business Mailing Address C/O JAMES L STRAWN JAMES L STRAWN OFCUAUUU 5050 S. 25TH STREET S. 25TH STREET FT PIERCE FL 34981-4923 FPIERCE FL 34981 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2193092 Not Applicable 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 -Name STRAWN, JAMES L Street Address (P.O. Box Number is Not Acceptable) 3976-OAK HAMMOCK LANE FT-PIERCE FL 34981 6448 N.W. Friendly 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete Addition TITLE TITLE STRAWN, JAMES L NAME NAME 5050 S 25TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT PIERCE FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change-Addition [TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Defete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 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 or trastee 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 all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR