FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Jan 27 1997 8:00am
Secretary of State

DOCUMENT # **F96000004855 (0)**

1. Corporation Name
JUAN B. GONZALEZ, D.D.S, M.S., P.C.

Principal Place of Business
C/O 108 EAST ST. VRAIN. #20A
COLORADO SPRINGS CO 80903

Mailing Address
C/O 108 EAST ST. VRAIN. #20A
COLORADO SPRINGS CO 80903

3. Date Incorporated or Qualified: 09/20/1996
3a. Date of Last Report:

21 2. Principal Place of Business: 24044 Red Fish Cove Dr.
26 2a. Mailing Address:
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
23 City & State: Punta Gorda Florida
28 City & State
24 Zip: 33955
25 Country: USA
29 Zip
30 Country

4. FEI Number: 84-0620415 — 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
GONZALEZ, JUAN B
24044 REDFISH COVE DR.
PUNTA GORDA FL 33955

10. Name and Address of New Registered Agent
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 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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	☐ DELETE
NAME	GONZALEZ, JUAN B DDS	
STREET ADDRESS	24044 REDFISH COVE DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	SD	☐ DELETE
NAME	GONZALEZ, ZOA P	
STREET ADDRESS	24044 REDFISH COVE DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	000002072420	☐ Change ☐ Addition
6.2 NAME	-01/29/97--01053--020	
6.3 STREET ADDRESS	***165.00	
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] Pres. Jan 21, 1997 (941) 505-1012
SIGNATURE AND TYPED OR PRINTED NAME OF PRINING OFFICER OR DIRECTOR — Date — Daytime Phone #

0620196