


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004401 (2)**

1. Corporation Name

**NEW IMAGE ORTHODONTIC GROUP, INC.**

Principal Place of Business

2727 PACES FERRY RD  
TWO PACES WEST STE 1750  
ATLANTA GA 30339

Mailing Address

2727 PACES FERRY RD  
TWO PACES WEST STE 1750  
ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1997

4. FEI Number

~~58-1192453~~ 58-1192453

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30, ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SO PINE ISLAND RD  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE  
NAME COOPER, RONALD B  
STREET ADDRESS 2727 PACES FERRY RD  
CITY-ST-ZIP ATLANTA GA 30339

1.1 TITLE P/D ☐ Change ☒ Addition  
1.2 NAME Edward P. Stahel, III  
1.3 STREET ADDRESS 2727 Paces Ferry Rd.  
1.4 CITY-ST-ZIP Atlanta, GA 30339

TITLE D ☐ DELETE  
NAME STOUGHTON, THOMAS B  
STREET ADDRESS TEN PIEDMONT CENTER STE 800  
CITY-ST-ZIP ATLANTA GA 30305

2.1 TITLE V/S General Counsel ☐ Change ☒ Addition  
2.2 NAME Gerald L. Baxter  
2.3 STREET ADDRESS 2727 Paces Ferry Rd.  
2.4 CITY-ST-ZIP Atlanta, GA 30339

TITLE D ☐ DELETE  
NAME WASSERMAN, DAVID H  
STREET ADDRESS 85 BROAD ST  
CITY-ST-ZIP NEW YORK NY 10004

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME JACOBE, RONALD H JR  
STREET ADDRESS 85 BROAD ST  
CITY-ST-ZIP NEW YORK NY 10004

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MEHRA, SANJEEV  
STREET ADDRESS 85 BROAD ST  
CITY-ST-ZIP NEW YORK NY 10004

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME CRONQUIST, R M  
STREET ADDRESS 2727 PACES FERRY RD  
CITY-ST-ZIP ATLANTA GA 30339

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

*[Signature]* SIGNED

1/8/98

770-805-1600

CR2E034 (10/97)