SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # G08573 (9)THOMAS V. KLEMENT, D.M.D., P.A. Principal Place of Business Mailing Address 4957 38TH AVE. N 4957 38TH AVE. N SUITE E SUITE E ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 3. Date Incorporated or Qualified 3a. Date of Last Report 11/10/1982 03/22/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 59-2248461 Suite, Apt. #, etc. Suite, Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Flection Campaign Financing \$5.00 May Be 23 28 Trust Furid Contribution Added to Fees Ζιρ Country Country 8. This corporation has liability for intangible tax under s. 199 032, 24 25 30 29 Fiorida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KLEMENT, THOMAS V, DMD 1907 CAROLINA AVE., N.E. 82 Street Address (PO. Box Number is Not Acceptable) ST. PETERSBURG FL 33703 ลา 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with an it accept the obligations of, Section 607.0505, Florida Statutes. 5-10-96 SIGNATURE (NOTE Regulation Agent signature required when reductioning) I nacle of registered agent and title if CATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELFTE 1.1 TITLE Add tion NAME KLEMENT, THOMAS V 1.2 NAME **CR2E034** 1907 CAROLINA AVE., NE STREET ADDRESS 1.3 STREET ADORESS CITY-ST-ZiP ST. PETE FL 1.4 CITY - ST - 7IP THILE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY-ST-ZIP 2 4 CITY ST-ZIP TITLE DELETE 3 1 TITLE Charige Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 DILE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CHY ST-ZIP DELETE TITLE 51 THLE Change Addition NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - 7IP TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST ZIF 14. Ido hereby certify that the information supplied with this filing is voluntarly 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 logal 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, Fronda Statutes, and

with an address

SIGNATURE:

that my name appears in Blo

OR PRINTED NAME OF SIGNING OFFICER OF