FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G14448** **(6)**

1. Corporation Name
CENTRAL FLORIDA DENTAL SERVICES, INC.

Principal Place of Business
140 S. ATLANTIC AVE.
STE #201
ORMOND BEACH FL 32176
US

Mailing Address
140 S. ATLANTIC AVE
STE #201
ORMOND BEACH FL 32176-6698
US

3. Date Incorporated or Qualified: **12/21/1982**
3a. Date of Last Report: **04/16/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-2270457** ☐ 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
REYNOLDS, FRANK A., DDS
1184 OCEAN SHORE BLVD.
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent
81 Name: Stephen W. Stamper
82 Street Address (P.O. Box Number is Not Acceptable): 140 South Atlantic Avenue
83
84 City: Ormond Beach, FL 85 Zip Code: 32

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: Stephen W. Stamper
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	P	☐ DELETE
NAME	STAMPER, STEPHEN W, DDS	
STREET ADDRESS	2727 N. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	V	☒ DELETE
NAME	FOX, HARVEY R DDS	
STREET ADDRESS	875 MASON AVE	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	T	☒ DELETE
NAME	REYNOLDS, FRANK A., DDS	
STREET ADDRESS	1184 OCEAN SHORE BLVD.	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	S	☐ DELETE
NAME	SNYDER, JOSEPH R DDS	
STREET ADDRESS	159 BROADWAY AVE	
CITY-ST-ZIP	DAYTONA BCH FL	
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	Vice President	☒ Change ☐ Addition
2.2 NAME	Thomas W. Schroeder, DDS	
2.3 STREET ADDRESS	252 Gull Drive	
2.4 CITY-ST-ZIP	Daytona Beach, FL 32118	
3.1 TITLE	Treasurer	☒ Change ☐ Addition
3.2 NAME	James A. Hazard, DDS	
3.3 STREET ADDRESS	333 Cornell Drive	
3.4 CITY-ST-ZIP	Daytona Beach, FL 32118	
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		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Stephen W. Stamper — President — (904) 676-2459

CR2E034 (9/96)