FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED, AND FILED

95 MAY -1 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G45032** **(1)**

1. Corporate Name
BUHL DENTAL STUDIO, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3024 SE RIVER TERRACE STUART FL 34996	3024 SE RIVER TERRACE STUART FL 34996

3. Date Incorporated or Qualified: **05/25/1983**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21 / Suite, Apt. # or other — 22 / City & State — 23 / Zip — 24 / County — 25
2a. Mailing Address — 26 / Suite, Apt. # or PO Box — 27 / City & State — 28 / Zip — 29 / County — 30

4. FEI Number: **59-2307486** ☐ 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 § 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OLVER, WENDY
3024 SE RIVER TERR
STUART FL 34996

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 Section 607.1005 and 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DP	11 TITLE	☐ Change ☐ Addition
12 NAME	BUHL, RUSSELL	12 NAME	
13 STREET ADDRESS	742 S E ST LUCIE BLVD	13 STREET ADDRESS	
14 CITY ST ZIP	STUART, FL 00000	14 CITY ST ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	OLVER, WENDY	22 NAME	
23 STREET ADDRESS	742 S.E. ST. LUCIE BLVD.	23 STREET ADDRESS	
24 CITY ST ZIP	STUART FL	24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: Wendy Olver WENDY OLVER 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0485111 FP