

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90253 033 ***150.00

0515428

DOCUMENT # G45032

1. Corporation Name
BUHL DENTAL STUDIO, INC.

Principal Place of Business
3024 SE RIVER TERRACE
STUART FL 34996

Mailing Address
3024 SE RIVER TERRACE
STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1983

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLVER, WENDY
3024 SE RIVER TERR
STUART FL 34996

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 DP ☐ DELETE

NAME BUHL, RUSSELL
STREET ADDRESS 742 S E ST LUCIE BLVD
CITY-ST-ZIP STUART, FL 00000

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME OLVER, WENDY
STREET ADDRESS 742 S.E. ST-LUCIE BLVD.
CITY-ST-ZIP STUART FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE: *Wendy Olver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

561-287-1757

Daytime Phone #

CR2E034 (11/98)