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

DOCUMENT # G45032 BUHL DENTAL STUDIO, INC. Mailing Address Principal Place of Business 3024 SE RIVER TERRACE 3024 SE RIVER TERRACE STUART FL 34996 STUART FL 34996 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/25/1983 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-2307486 -Not-Applicable 26 21 Suite. Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. □No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name OLVER, WENDY 82 Street Address (P.O. Box Number is Not Acceptable) 3024 SE RIVER TERR STUART FL 34996 83 Zip Code 84 City 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. 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Addition DELETE 1.1 TITLE Change TITI F **BUHL, RUSSELL** 12 NAME NAME 742 S E ST LUCIE BLVD 1.3 STREET ADDRESS STREET ADDRESS STUART, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition □ DELETE ☐ Change TITLE 2.1 TITLE OLVER, WENDY 2.2 NAME NAME STREET ADDRESS -742 S.E.-ST.-LUCIE-BLVD.-- -2.3 STREET ADDRESS STUART FL CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Addition DELETE ☐ Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

DELETE

DELETE

Change

CR2E034

☐ Addition

Addition