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

FILED Feb 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G55284 (5)GREGORY A. ARCHAMBAULT, D.M.D., P.A. Principal Place of Business Mailing Address 1414 KINGSLEY AVE #3 1414 KINGSLEY AVE #3 **ORANGE PARK FL 32073** ORANGE PARK FL 32073 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>08/23/1983</u> Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-2316445 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Ζıp 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes □ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RI Name ARCHAMBAULT, GREGORY A. 1414 KINGSLEY AVE #3 82 Street Address (P.O. Box Number is Not Acceptable) ORANGE PARK FL 32073 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE ARCHAMBAULT, GREGORY A 12 NAME 1414 KINGSLEY AVE #3 STREET ADDRESS 1.3 STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THILE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change ___ Addition 4.1 TITL€ NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 organization with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

CICNATIDE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

Change

Addition