**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 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G92457** **(2)**

1. Corporation Name
**ANDREW S. SCOTT D.D.S., P.A.**

Principal Place of Business
**% ANDREW S. SCOTT D.D.S.**
**4400 HIGHWAY 20 EAST, SUITE 111**
**NICEVILLE FL 32578**

Mailing Address
**% ANDREW S. SCOTT D.D.S.**
**4400 HIGHWAY 20 EAST, SUITE 111**
**NICEVILLE FL 32578**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/21/1984**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. #, etc. — 22
Suite Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **59-2434597** — 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
**SCOTT, ANDREW S., D.D.S., P.A.**
**4400 HIGHWAY 20 EAST**
**SUITE 111**
**NICEVILLE FL 32578**

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 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

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | SCOTT, ANDREW S. D.D.S., |
| STREET ADDRESS | 4400 HWY 20 EAST #111 |
| CITY, ST, ZIP | NICEVILLE FL |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1. TITLE | | ☐ Change ☐ Addition |
| 1. NAME | | |
| 1. STREET ADDRESS | | |
| 1. CITY, ST, ZIP | | |
| 2. TITLE | | ☐ Change ☐ Addition |
| 2. NAME | | |
| 2. STREET ADDRESS | | |
| 2. CITY, ST, ZIP | | |
| 3. TITLE | | ☐ Change ☐ Addition |
| 3. NAME | | |
| 3. STREET ADDRESS | | |
| 3. CITY, ST, ZIP | | |
| 4. TITLE | | ☐ Change ☐ Addition |
| 4. NAME | | |
| 4. STREET ADDRESS | | |
| 4. CITY, ST, ZIP | | |
| 5. TITLE | | ☐ Change ☐ Addition |
| 5. NAME | | |
| 5. STREET ADDRESS | | |
| 5. CITY, ST, ZIP | | |
| 6. TITLE | | ☐ Change ☐ Addition |
| 6. NAME | | |
| 6. STREET ADDRESS | | |
| 6. CITY, ST, ZIP | | |

14. I hereby certify that the information supplied with this report is accurate, complete and correct and that I am authorized to sign this report. I understand that the information contained in this report, if not changed by a subsequent annual report, is deemed to be correct and that my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a report is a violation of Section 817.155, Florida Statutes.

**SIGNATURE:** ANDREW S SCOTT — 5/1/95 — 904 897 4171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0391075 CP