SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # H01757 (4)JAMES A. STRICKLAND, JR., D.M.D., P.A. Principal Place of Business Mailing Address 4401 WESCONNETT BLVD. 4401 WESCONNETT BLVD SUITE 200 PO BOX 56107 JACKSONVILLE FL 32210 JACKSONVILLE FL 31141-6107 3. Date Incorporated or Quaif ed 3a. Date of Last Report 05/02/1984 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2411795 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ziρ Country 8. This corporation has liability for intengible tax under s. 199.032 24 25 29 30 Yes 🔲 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STRICKLAND, JAMES A., JR., D.M.D. 4401 WESCONNETT BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 200 83 JACKSONVILLE FL 32210 84 City 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 agent for both, in the State of Florida, Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or proved name of our terest agent and their amplicable (NO'E Pergules of Agent signature required when renotating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/8)TITLE **PST** DELETE 1.1 TITLE Change Addition STRICKLAND, JAMES A. JR. 1.2 NAME CR2E034 STREET ADDRESS 4401 WESCONNETT BLVD. 13 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 14 CITY - ST - ZIE THLE DELETÉ 2.1 T/TLE Change Addition NAME STRICKLAND, JAMES A. JR. 2.2 NAME 4401 WESCONNETT BLVD. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TIFLE DELETE 51 TIME Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-S1-ZIP 54 CITY - ST - ZIP TITLE DELETE 81 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIF 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)(k). 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, each an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

6/20/96 772 8060