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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H28553 (6)

FILED May 06 1998 8:00am Secretary of State

FREDRICK NEWTON, DOCTOR OF DENTAL SURGERY PROFES SIONAL ASSOCIATION Principal Place of Business Mailing Address 1190 W EDGEWOOD AVE 1190 W EDGEWOOD AVE STE C JACKSONVILLE FL 32208 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32208 3. Date Incorporated or Qualified 11/02/1984 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 59-2470441 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country Zıp This corporation owes or has paid the current year Intangible Yes □ No 24 26 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, FORREST B. 255 LIBERTY ST 62 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 83 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 agont and title if applicable (NOTE Registered Agent eignature required when reinstating) (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition NEWTON, FREDERICK DDS NAME 1.2 NAME 1190 WEST EDGEWOOD AVE. STREET ADDRESS 1,3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition Change 21 TITLE TITLE NEWTON, FREDERICK DOS 2.2 NAME NAME STREET ADORESS 1190 WEST EDGEWOOD AVE. 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-2IP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NEWTON, FREDRICK DDS NAME 3 2 NAME 1190 WEST EDGEWOOD AVE. STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TOTLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City - SI - 71P 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TeTLE DELETE 61 TITLE Change Addition NAME 6.2 NAME **63 STREET ADDRESS** STREET ADDRESS CITY - ST - ZIP 6.4 City - St - ZIP

14. Thereby 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.

SIGNATURE:

SIGNATURE: