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

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

FILED **PROFIT** FLORIDA DEPARTMENT OF STATE Feb 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # H85307 (7) PETER D. WEISBRUCH, D.D.S., P.A. Principal Place of Business Mailing Address 3607 ORLANDO DR 3607 ORLANDO DR. SANFORD DENTAL CENTRE SANFORD DENTAL CENTRE SANFORD FL 32773-5611 DO NOT WRITE IN THIS SPACE SANFORD FL 32773-5611 3. Date Incorporated or Qualified <u>11/14/1985</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2650766 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 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 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VAN HOUTEN, MICHAEL A. 114 S PALMETTO AVE. 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BCH. FL 32015 83 84 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 TITLE DELETE 1.1 TITLE Addition WEISBRUCH, PETER D. NAME 1.2 NAME 3607 ORLANDO DR. STREET ADDRESS 1.3 STREET ADDRESS SANFORD FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE Addition 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

CR2E034

Change

☐ Addition

14. Thereby certify that the information supplied with this filling 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. TTITOINGED DOS HIPPETER D. WEISBRUCH 1-18-98 SIGNATURE:

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE