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 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # H91973 (8)

1. Corporation Name
1ST DENTAL CARE, INC.

Principal Place of Business	Mailing Address
29605 U.S. HWY 19 N., SUITE 180 CLEARWATER FL 34621-9140	29605 U.S. HWY 19 N., SUITE 180 CLEARWATER FL 34621-9140

3. Date Incorporated or Qualified: 12/30/1985
3a. Date of Last Report: 05/31/1994
4. FEI Number: 59-2616976 ☐ 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 S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

GREENBERG, LESTER B.
29605 US 19 N
SUITE 180
CLEARWATER FL 34621

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREENBERG, LESTER B.
STREET ADDRESS	29605 U.S. HWY 19, N180
CITY-ST-ZIP	CLEARWATER FL
TITLE	VP
NAME	GREENBERG, MELISSA F.
STREET ADDRESS	1609 HAMPTON CT
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	STD
NAME	GREENBERG, ELISA A.
STREET ADDRESS	29605 US HWY 19 N 180
CITY-ST-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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

0387714 CP

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

[illegible] 1:03

[illegible] FLORIDA

DOCUMENT # **H93328** **(3)**

1. Corporate Name
602 OCEANSIDE, INC.

Principal Place of Business	Mailing Address
602 SOUTH OCEAN BOULEVARD. #1 POMPANO BEACH FL 33062	602 S OCEAN BLVD. #1 POMPANO BCH FL 33062 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1986	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2640133	☐ 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
7. This corporation has only one individual director under 3-199 USC. Florida Statutes: ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHOFIELD, DIANA J. 602 SOUTH OCEAN BLVD #1 POMPANO BEACH 33062	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 Section 607.1908 and 607.1909 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		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (IN 12)
Title	P	☐ Change ☐ Addition
Name	SCHOFIELD, DIANA J.	
Street Address	516 S. OCEAN BLVD	
City-State-Zip	POMPANO BEACH FL	
Title	S	☐ Change ☐ Addition
Name	CARON, ROBERT A.	
Street Address	602 S. OCEAN BLVD #1	
City-State-Zip	POMPANO BEACH FL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. I/We hereby certify that the information supplied with this report is true and accurate and that my/our electronic 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 above, or on an attachment with an address.

SIGNATURE: Diana J. Schofield, Pres. April 28, 1995 407-659-7005
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR
DIANA J. Schofield

0104780 CP