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 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K44454** **(2)**

1. Corporate Name
STUART DENTAL GROUP INC.

Principal Place of Business
% RAY K. MILLER
3436 S.E. FEDERAL HIGHWAY
STUART FL 34997

Mailing Address
% RAY K. MILLER
3436 S.E. FEDERAL HIGHWAY
STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **11/08/1988**
3a. Date of Last Report: **05/01/1994**

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

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

4. FEI Number: **65-0081916** 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 solely for intangible tax under § 199.032, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MILLER, RAY K.
3436 S.E. FEDERAL HIGHWAY
STUART FL 34997

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 Section 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, as the case may be, in accordance with authorization by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR

TITLE	P
NAME	MCCLURE, BRIAN
STREET ADDRESS	3436 SE FEDERAL HWY
CITY, ST, ZIP	STUART FL
TITLE	DST
NAME	MILLER, RAY K.
STREET ADDRESS	3436 S.E. FEDERAL HWY.
CITY, ST, ZIP	STUART FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is correct, complete and does not qualify for the exemption stated in Section 607.0501, Florida Statutes. I further certify that I am familiar with the provisions of Chapter 607, Florida Statutes, and that the corporation is in compliance with the provisions of that chapter. I further certify that I am familiar with the provisions of the Internal Revenue Code and that the corporation is in compliance with the requirements of the Internal Revenue Code. I further certify that I am familiar with the provisions of the Internal Revenue Code and that the corporation is in compliance with the requirements of the Internal Revenue Code. I further certify that I am familiar with the provisions of the Internal Revenue Code and that the corporation is in compliance with the requirements of the Internal Revenue Code.

SIGNATURE: Ray K. Miller Sec./Treas. 4-27-95
SIGNATURE AND TYPE OR PRINT NAME OF OFFICER OR DIRECTOR DATE

0381550 CP