SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $170)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 JUL 25 PM 4:16

DO NOT WRITE IN THIS SPACE

DOCUMENT # **K58621** **(9)**

1. Corporate Name

FREDERICK D. THURSTON, D.M.D., P.A.

Principal Place of Business
% FREDERICK D. THURSTON
308 E. PARK
AUBURNDALE FL 33823

Mailing Address
% FREDERICK D. THURSTON
308 E. PARK
AUBURNDALE FL 33823

3. Date Incorporated or Qualified: **01/17/1989**
3a. Date of Last Report: **04/08/1994**

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

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

4. FEI Number: **59-2934085** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Limited Liability Company Fee ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

THURSTON, FREDERICK D.
308 E. PARK
AUBURNDALE FL 33823

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 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. OFFICER AND DIRECTORS

D
THURSTON, FREDERICK D.
308 E. PARK
AUBURNDALE FL

13. ADDITIONS, CHANGES OR DELETIONS

☐ Change ☐ Addition

9000001548029
-07/27/95--01080--005
****225.00 ****225.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, and this voluntary filing of report, and to the extent applicable, the payment of fees for this report and filing pursuant to Section 607.0505, Florida Statutes, I further certify that the information indicated on the preceding 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 the report as required by Chapter 607, Florida Statutes; and that the name appears in Block 12 or Block 13 hereof with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Date

453
7/25/95

CR2E034 (3/95)

0159038 FP