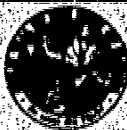


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morinham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 19 AM 1:43

DOCUMENT # L03934 (1)

1. Corporation Name

DENTAL HEALTH SERVICES OF TAMPA BAY, P.A.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

|                                                                                         |                                                                     |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report                                             |
| 07/17/1989                                                                              | 05/01/1994                                                          |
| 4. FEI Number                                                                           | Applied For                                                         |
| 59-2768353                                                                              | Not Applicable                                                      |
| 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required                                      |
| <input type="checkbox"/>                                                                |                                                                     |
| 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees                                         |
| <input type="checkbox"/>                                                                |                                                                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                         |                                                        |
|---------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business                          | 2a. Mailing Address                                    |
| 3302 W. DR. MK BLVD<br>STE 2080<br>TAMPA FL 33607<br>US | P O BOX 15149<br>SUITE 230<br>TAMPA FL 33604-149<br>US |
| 21. Suite, Apt. #, etc.                                 | 26. Suite, Apt. #, etc.                                |
| 22. City & State                                        | 27. City & State                                       |
| 23. Zip                                                 | 28. Zip                                                |
| 24. Country                                             | 29. Country                                            |
| 25. Country                                             | 30. Country                                            |

9. Name and Address of Current Registered Agent

WALKER, MICHAEL J.  
3302 W. DR. MARTIN LUTHER KING BLVD  
TAMPA FL 33607

10. Name and Address of New Registered Agent

|                                                        |
|--------------------------------------------------------|
| 81. Name                                               |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. City                                               |
| 84. City                                               |
| 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D                        | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARAK, JOEL P.           | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 240 WINDWARD PASSAGE 404 | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | CLEARWATER FL            | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                        | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WELCH, MICHAEL           | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 185 CORSICA AVE.         | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | TAMPA FL                 | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                        | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SWARTZ, EDWARD M.        | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 15843 COUNTRY LAKE DR.   | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | TAMPA FL                 | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                        | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BERGLUND, DONALD J.      | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 14126 FENNISBURY DR.     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | TAMPA FL                 | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | P                        | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WALKER, MICHAEL, J       | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 18131 CARDEN DR          | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | ODESSA FL                | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                          | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                          | 6.4 CITY - ST - ZIP                                   |                                                                   |

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 a person authorized 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95

(813) 960 8896