FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L50763** **(6)**

1. Corporation Name

MEDICAL & DENTAL MANAGEMENT, INC.

Principal Place of Business

4056 NEWBERRY ROAD
GAINESVILLE FL 32607

Mailing Address

4056 NEWBERRY ROAD
GAINESVILLE FL 32607

3. Date Incorporated or Qualified: **02/06/1990**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2989870** — Applied For / Not Applicable

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

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

9. Name and Address of Current Registered Agent

HUNTSMAN, ROY W.
4056 NEWBERRY ROAD
GAINESVILLE FL 32607

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	UNTSMAN, ROY W.	1.2 NAME	
STREET ADDRESS	4056 NEWBERRY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PHIPPS, WALES H.	2.2 NAME	
STREET ADDRESS	4056 NEWBERRY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOBBS, ROBERT L.	3.2 NAME	
STREET ADDRESS	150 2ND AVENUE NORTH 700	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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: W.H. Phipps — W.H. Phipps
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (352) 373-3545
Date Daytime Phone #

CR2E034 (12/95)