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May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90105 036 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L59217

1. Corporation Name

VIDEO DENTAL CONCEPTS, INC.

Principal Place of Business

Mailing Address

C/O CLAUDE D. BERTHOIN  
1095 MASON AVE.  
DAYTONA BEACH FL 32117

C/O CLAUDE D. BERTHOIN  
1095 MASON AVE.  
DAYTONA BEACH FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1990

4. FEI Number

59-3007861

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 110 E Granada Blvd

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 207

27

City & State

City & State

23 Ormond Beach, FL

28

Zip

Country

Zip

Country

24 32176

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERTHOIN, CLAUDE D  
1095 MASON AVENUE  
DAYTONA BEACH FL 32117

81 Name

BERTHOIN, Claude D

82 Street Address (P.O. Box Number is Not Acceptable)

110 East Granada, Ste 207

83

84 City

Ormond Beach

FL

85 Zip Code

32176

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 PD ☐ DELETE  
NAME BERTHOIN, CLAUDE D  
STREET ADDRESS 2232 JOHN ANDERSON DR.  
CITY-ST-ZIP ORMOND BCH FL 32176

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDE D. BERTHOIN (904) 672-0450

CR2E034 (11/98)