SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE; \$750.) Sep 12 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name M85445 (8)EDMUND E. RAHAL, D.M.D., P.A. Principal Place of Business Mailing Address **% SAMUEL R. MANDELBAUM** % SAMUEL R. MANDELBAUM P O BOX 3399 P O BOX 3399 TAMPA FL 33601 **TAMPA FL 33601** DO NOT WRITE IN THIS SPACE UŜ 3. Date Incorporated or Qualified 3a. Date of Last Report 06/09/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2251481 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 ☐ Yes ☐ No 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MANDELBAUM, SAMUEL R. 81 Name 101 EKENNDY BLVD 401 E 82 Street Address (P.O. Box Number is Not Acceptable) STE 3200 Suit 2400 TAMPA FL 33602 83 84 City 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 recept the obligations of, Section 607.0505, Florida Statutes.
7-30-97 SIGNATURE (NO1E: Registered Agent signature required when rainstating) registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change ... Addition RAHAL, EDMUND E. NAME 1.2 NAME 3646 LITHIA PINECREST RD STREET ADDRESS 1.3 STREET ADDRESS VALRICO FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE TITLE Change 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 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 DELETE TITLE gas

14. I do 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 addiess.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

61 TALE

62 NAME

Change

Addition

NAME (

STREET ADDRESS

CITY-ST-ZIP