FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUL 18 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****155.00 ****155.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000001080

1. Corporation Name

M.A.D. D.A.D.S. of Hillsborough County, Inc.

Principal Place of Business	Mailing Address
2577-1 Seaford Circle Tampa, FL 33613	2577-1 Seaford Circle Tampa, FL 33613

3. Date Incorporated or Qualified: February 28, 1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3229608 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2577-1 Seaford Circle	26 2577-1 Seaford Circle
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Tampa, Florida	28 City & State: Tampa, Floeida
24 Zip: 33613 25 Country: USA	29 Zip: 33613 30 Country: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Robert Roberson
14306 N. 22nd Street
Apt. 157
Tampa, FL 33613

10. Name and Address of New Registered Agent

81 Name: Robert Roberson
82 Street Address (P.O. Box Number is Not Acceptable): 2577-1 Seaford Circle
83
84 City: Tampa **FL** 85 Zip Code: 33613

11. Pursuant to the provisions of Sections 617.0502 and 617.1809, 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] Robert Roberson, President 7-12-95
(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 U.)	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition P/D Robert Roberson 2577-1 Seaford Circle Tampa, FL 33613
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☒ Change ☐ Addition V/D Asbury Broadnax P.O. Box 11963 N/A Tampa, FL 33680-1963
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition S/D Bernella Roberson 2577-1 Seaford Circle Tampa, FL 33613
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☒ Change ☐ Addition T/D Gloria Romain 4010 Huxford Ct. Tampa, FL 33624
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	7/18/95 MS	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☒ Change ☐ Addition D Lynn Wells 1217 Grassy Key Tampa, FL 33612
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☒ Change ☐ Addition D Harry Lee Coe 800 East Kennedy Blvd. Tampa, FL 33602

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Robert Roberson 7-12-95 (813) 971-0735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #