| 200  | DUNIFORM BOS   | NESS I                  | KEPU                    | <u> </u>                     | IRK)               | ::" ##!~                                 |                     |                     | ATX             |
|--|--|-------------------------|-------------------------|------------------------------|--------------------|--|---------------------|---------------------|-----------------|
| DOCUMENT # P01000057742  1. Entity Name                                  |  |                         |                         |                              |                    | FILED                                    |                     |                     |                 |
| RICHARD D. SANDERFORD, DDS, INC.   |  |                         |                         |                              |                    | O3 MAR 14 AM                             |                     |                     |                 |
| Principal Place of Business Mailing Address 4040 PALM BEACH BLVD. STE. C |  |                         |                         |                              |                    | SECRETATIV OF<br>TALLAHASSEE.            | STATE<br>FLORIDA    |                     |                 |
| FORT MYERS, FL<br>33916-3470   |  |                         |                         |                              |                    | 20003                                    | 44130               | 002                 |                 |
| 2. Principal Place of Business 3. Mailing Address                        |  |                         |                         |                              |                    | 03/20/0301                               | 056014              | **150.              | 00              |
| Suite, Ap  | t. #, etc.   | Suite, Apt. #, etc.     |                         |                              |                    | DO NOT WRITE IN THIS SPACE               |                     |                     |                 |
| City & Sta   | ate  | City & State            |                         |                              |                    | 4. FEI Number<br>65-1104572              | <u>  </u>           | Applied<br>Not Appl |                 |
| Zip Country  |  | Zip Co                  |                         | Country                      | y                  | 5. Certificate of Status Desire          | \$8.75              | Addition            |                 |
| 6  | Name and Address of Current  | Pagistared              | Acont                   |                              | 7                  | Name and Address of New                  | Fee Re              |                     |                 |
| <del></del>  | INGINE UND AUGIESS OF CUITER   | . registered /          | Aeur                    |                              | Name               | MBM IO SESTION MUNICIPALITY              | vedistated VC       | ieur -              |                 |
| SANDERFO   | ORD, HOWARD  | į                       |                         |                              |                    | a management and the second              | ·                   |                     |                 |
| 1521 CRESTWOOD CIR. W.<br>LEHIGH ACRES, FL 33936                         |  |                         | Street Addr             |                              |                    | ss (P.O. Box Number is Not Acceptable)   |                     |                     |                 |
|  | ·  |                         |                         |                              |                    | :  |                     |                     |                 |
|  |  |                         |                         | •                            | City               |  | FL                  | Zip Code            |                 |
| .8. The above  | e named entity submits this state  | ement for the p         | ourpose of o            | hanging                      | its registered     | office or registered agent, or b         | oth, in the State   | of Florida.         |                 |
| SIGNATURE  | Signature, typed or printed name of regi   | stered agent and        | itte if applicab        | le. (NO                      | TE: Registered A   | gent signature required when reinstating | g) Date             |                     | _               |
| <del></del>  | oration is eligible to satisfy its   | • 53.496666             | FILE NOW!               | and definition of the second | t150 00            |  |                     | -,                  | <del>.  </del>  |
|  | Tax filing requirement and elect   | s Afte                  | pini Ni nasabah alabaha | reaction and the same        | l be \$550.00      | 10. Election Campaign F                  | inancing \$5        | .00 May E           | 3e              |
|  | (See criteria on back)   | international contracts | COLUMBIAN MARKET        | alida isibiluwah bari Malah  | rtment of Stat     |  | _                   | Added to Fe         |                 |
| 11.  | OFFICERS AND DI  | PECTORS                 |                         | 12.                          | : A                | DDITIONS/CHANGES TO OFFIC                | EDS AND DIDE        | TORCINIA            |                 |
|  | PTD  | · F                     | <del></del>             | 1                            | <u> </u>           | DDITIONS/CHANGES TO OFFIC                |                     |                     | <del>-</del>    |
| TITLE  | SANDERFORD, RICHARD  | , D                     | Delete                  | TITLE                        |                    |  | Cha                 | ngeAd               | ldition   👸     |
| NAME<br>STREET ADDRESS   | 18930 SERENOA CT.  | · .                     |                         | NAME<br>STREET A             | nnecee             |  |                     |                     | (9499) noitible |
| CITY - ST - ZIP  | ALVA, FL. 33920  |                         |                         | CITY - ST -                  |                    | •  |                     |                     | 8               |
| TITLE  | VPSD   |                         | Delete                  | TITLE                        | -                  | ···                                      | Cha                 | nge DAd             | Idition S       |
| NAME   | KATHY C. SANDERFORD  | `_                      |                         | NAME                         | İ                  |  |                     | ge                  | dialon          |
| STREET ADDRESS   | 18930 SERENOA CT.  | •                       |                         | STREET A                     | DDRESS             | 3,                                       |                     |                     |                 |
| CITY - ST - ZIP  | ALVA, FL. 33920  |                         |                         | CITY - ST -                  | ZIP                |  |                     |                     |                 |
| TITLE  |  |                         | Delete                  | TITLE                        |                    | ``                                       | Cha                 | nge 🔲 Ad            | ldition         |
| NAME   |  |                         |                         | NAME                         | _                  |  | راسي والسلسان       |                     |                 |
| STREET ADDRESS   |  |                         |                         | STREET AL                    | l                  | •  |                     |                     |                 |
| CITY - ST - ZIP  |  |                         | 7 <sub>Doloto</sub>     | CITY - ST -                  | ZIP                |  |                     |                     |                 |
| NAME   |  | L.                      | _ Delete                | NAME                         |                    |  | Chai                | ngeAd               | ldition         |
| STREET ADDRESS   |  |                         |                         | STREET AL                    | DORESS             |  | •                   |                     | j               |
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| NAME   |  |                         |                         | NAME                         |                    |  |                     | _                   |                 |
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| CITY - ST - ZIP  |  |                         | 7                       | CITY-ST-                     | ZIP                | •  | · [7]               | <u> </u>            |                 |
| TITLE<br>NAME  |  |                         | Delete                  | NAME                         |                    |  | ' LChar             | ngeAd               | dition          |
| STREET ADDRESS   | 3 (4.27 (4))   |                         | -1.                     | STREET AC                    | DORESS             |  | ·<br>·              | •                   | 1               |
| CITY - ST - ZIP  | 11: 01: 10:  | ? <b>।</b> संर          | ,                       | CITY - ST -                  | ZIP                |  | . •                 | •                   |                 |
| 13. I hereby ce  | rtify that the information supplied win indicated on this report of supplem  | th this filing doe      | s not qualify           | for the ex                   | emption stated     | in Section 119.07(3)(i), Florida St      | atutes, I further o | ertify that the     | э 🧻             |
| l am an off  | n indicated on this report of supplem<br>icer or director of the corporation or<br>ears in Block 11 or Block 12 if chapt | the receiver or         | kristee embo            | wered to                     | execute this tet   | ort as required by Chapter 607, F        | lorida Statutes;    | and that my         |                 |
| name appe  | ears in Block 17 or Block 17 if chang  | ed, or on tan atta      | agnment with            | an addre                     | ess, with all othe | r like empowered.                        | _                   |                     | 1               |

RICHARD D. SANDERFOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD D. SANDERFORD,

239-694-5700 Daytime Phone #

SIGNATURE: