2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 30, 2002 8:00 am Secretary of State DOCUMENT # P01000072260 05-13-2002 90135 010 ***150.00 1. Entity Name DENTAL EXPRESS OF OHIO, INC. Principal Place of Business Mailing Address $y v v \gamma \gamma$ 5753 N.W. 158TH STREET 5753 N.W. 158TH STREET MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE حنث City & State حد City,& State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7.: Name and Address of New Registered Agent-HARDEN, GABRIEL R Street Address (P.O. Box Number is Not Acceptable) 5753 N.W. 158TH STREET MIAMI LAKES FL 33014 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete IIILE (9/01 Change ☐ Addition MAME HARDEN, GABRIEL R NAME STREET ADDRESS 5753 N.W. 158TH STREET STREET ADDRESS CR2E034 CITY - ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 7in F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 report or supplemental 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 dustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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