FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38497** **(4)**

1. Corporation Name
PRINCETON DENTAL MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
2739 U.S. HIGHWAY 19 SUITE 310 HOLIDAY FL 34691 US	2739 U.S. HIGHWAY 19 SUITE 310 HOLIDAY FL 34691 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/27/1992
3a. Date of Last Report: 08/03/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 36-3484607 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BALOG, ANDREW E.
2739 U.S. HIGHWAY 19
SUITE 310
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name: George P. Russell III
82 Street Address (P.O. Box Number Is Not Acceptable): 2739 U.S. Highway 19 N.
83: Suite 300
84 City: Holiday FL 85 Zip Code: 34691

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: George P. Russell III Secretary 5/11/95
(Signature and printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when not attached) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PID	☒ Change ☐ Addition
NAME	HAUSDORFF, OSCAR L	1.2 NAME	Kurt Andersen	
STREET ADDRESS	2739 U.S. HWY. 19 STE. 310	1.3 STREET ADDRESS	2739 U.S. Highway 19 North, Suite 300	
CITY-ST-ZIP	HOLIDAY FL 34691	1.4 CITY-ST-ZIP	Holiday, FL 34691	
TITLE	CCD	2.1 TITLE	S	☒ Change ☐ Addition
NAME	GINGLE, TERRY D	2.2 NAME	George P. Russell III	
STREET ADDRESS	2739 U.S. HWY. 19 STE. 310	2.3 STREET ADDRESS	2739 U.S. Highway 19 North, Suite 300	
CITY-ST-ZIP	HOLIDAY FL 34691	2.4 CITY-ST-ZIP	Holiday, FL 34691	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HAGAN, JOHN H	3.2 NAME		
STREET ADDRESS	608 S. KENSIGTON	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAGRANGE IL 60525	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	KESSLER, SEYMOUR	4.2 NAME		
STREET ADDRESS	950 N. MICHIGAN AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP		
TITLE	~~S~~	5.1 TITLE	N/A	☒ Change ☐ Addition
NAME	~~BALOG, ANDREW E~~	5.2 NAME		
STREET ADDRESS	~~2739 U.S. HWY. 19 STE. 310~~	5.3 STREET ADDRESS		
CITY-ST-ZIP	~~HOLIDAY FL 34691~~	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(k), 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.

SIGNATURE: George P. Russell III Secretary 5/11/95 813-742-3600
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date (Daytime Phone Number)

0373943 CP