2004 FOR PROFIT CORPORATION

Mar 02, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P93000001503 03-02-2004 90028 009 ***150.00 1. Entity Name STEPHEN M. KOBERNICK, D.D.S., P.A. Principal Place of Business Mailing Address マスリ49 日報 芸仏 1601 SOUTH HIGHLAND AVE. 1601 SOUTH HIGHLAND AVE. STE E STE E CLEARWATER, FL 34616 CLEARWATER, FL 34616 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3157829 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GASSMAN, ALAN S Street Address (P.O. Box Number is Not Acceptable) 1212 COURT ST. SUITE B CLEARWATER, FL 33756 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE ☐ Change ■ Addition KOBERNICK, STEPHEN M NAME NAME STREET ADDRESS 1601 S. HIGHLAND AVE. STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplied with a many 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactorient with an address, with all other like empowered. changed, or on an attachment w

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE,

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

FILED

☐ Change

☐ Addition