FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000002400 (8) LAWRENCE A. TARN, D.D.S., P.A. Mailing Address Principal Place of Business 701 S. INDIANA AVE. 701 S. INDIANA AVE. ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/11/1993 2. Principal Place of Business 21 SAME 2a. Mailing Address 4. FEI Number Applied For 26 65-0378849 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TARN, LAWRENCE A 701 SOUTH INDIANA AVE. Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD FL 34223 83 Zip Code 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 X

SIGNATURE X

PRESIDENT PRESIDENT SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TITLE __ Change D 1.1 TITLE NAME TARN, LAWRENCE A 1.2 NAME STREET ADDRESS 701 SOUTH INDIANA AVE. 1.3 STREET ADDRESS **ENGLEWOOD FL 34223** CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP CITY-ST-ZIP 14. 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 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.

4.4 CITY - ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME

SIGNATURE: X

CITY - ST- ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

DELETE

DELETE

1-8-98

☐ Change

Change

Addition

CR2E034