FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Mar 10 1997 8:00am
Secretary of State

DOCUMENT # **P93000002509 (6)**

1. Corporation Name
NICEVILLE FAMILY DENTAL CENTER, INC.

Principal Place of Business	Mailing Address
203 W JOHN SIMS PKWY NICEVILLE FL 32578	203 W JOHN SIMS PKWY NICEVILLE FL 32578-1801

3. Date Incorporated or Qualified: 01/07/1993
3a. Date of Last Report: 03/01/1996

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

4. FEI Number: 59-3157066 ☐ Applied For ☐ Not Applicable

6. 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

ZAPATA, RALF P
203 W JOHN SIMS PKWY
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 908 S. Palm Boulevard
83
84 City: FL — 85 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: _____ DATE:
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ZAPATA, RALF P		1.2 NAME		
STREET ADDRESS	203 W JOHN SIMS PKWY		1.3 STREET ADDRESS	908 S. Palm Boulevard	
CITY-ST-ZIP	NICEVILLE FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ZAPATA, RHONDA M.		2.2 NAME		
STREET ADDRESS	203 W JOHN SIMS PKWY		2.3 STREET ADDRESS	908 S. Palm Boulevard	
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HALL, GARY W.		3.2 NAME		
STREET ADDRESS	203 W JOHN C SIMS PKWY		3.3 STREET ADDRESS	908 S. Palm Boulevard	
CITY-ST-ZIP	NICEVILLE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HALL, CONNIE S.		4.2 NAME		
STREET ADDRESS	203 W JOHN C SIMS PKWY		4.3 STREET ADDRESS	908 S. Palm Boulevard	
CITY-ST-ZIP	NICEVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Rhonda M. Zapata 3-5-97 (904)729-1223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #