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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000023397 (1)

1. Corporation Name

THE INSTITUTE FOR ORTHODONTICS & TMJ DISORDER, I
NC.

Principal Place of Business

2250 W. FAIRBANKS AVE.
WINTER PARK FL 32789

Mailing Address

2250 W. FAIRBANKS AVE.
WINTER PARK FL 32789-4510

2. Principal Place of Business

21 N/A
Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 N/A
Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BRYANT, WALTER R JR
2250 W. FAIRBANKS AVE.
WINTER PARK FL 32789

3. Date Incorporated or Qualified

03/30/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3196173

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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, hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Walter Bryant, President
Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE 4-28-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D BRYANT, WALTER R JR.
STREET ADDRESS 2250 W. FAIRBANKS AVE.
CITY-ST-ZIP WINTERPARK FL 32789

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 Walter P Bryant Jr Pres 4/28/97 (407)28-0522

CR2E034 (9/96)