

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P93000039019 (3)

1. Corporation Name

ORAL RECONSTRUCTIVE SCIENCES, INC.

MAY -1 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/27/1993

3a. Date of Last Report
04/29/1994

4. FEI Number
59-3181195

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

2. Principal Place of Business

2a. Mailing Address

13055 PARK BOULEVARD
SEMINOLE FL 34646

13055 PARK BOULEVARD
SEMINOLE FL 34646

21. Suite, Apt. #, etc

26. Suite, Apt. #, etc

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIDMER, KEVIN
13057 PARK BLVD.
SEMINOLE FL 34646

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

SIGNATURE

Signature of Agent, if person other than registered agent and the corporation

Signature of Registered Agent, if person other than registered agent and the corporation

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
P	WIDMER, KEVIN L	13057 PARK BLVD.	SEMINOLE	FL	
V	BENCOMO, JUAN C	13057 PARK BLVD.	SEMINOLE	FL	

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY	5. ST	6. ZIP	Change	Addition
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

14. I 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)(b), Florida Statutes. Further, I 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 of this report, or in an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

KEVIN L. WIDMER

4-27-95

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