

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000084849 (7)

1. Corporation Name

DENTAL DIAGNOSTIC SERVICES, INC.

Principal Place of Business

511 N. LIMONA
BRANDON FL 33510
US

Mailing Address

P.O. BOX 1441
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1993

4. FEI Number

59-3215010

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 511 N. Limona
Suite, Apt. #, etc.

22 Brandon, FL
City & State

23 33510
Zip

24 33510
Country

2a. Mailing Address

26 P.O. Box 1441
Suite, Apt. #, etc.

27
City & State

28 Brandon, FL
Zip

29 33511
Country

9. Name and Address of Current Registered Agent

GONZALES, LARRY J
6845 RIDGE ROAD
PORT RICHEY FL 34688

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

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BUTLER, F. PAUL
STREET ADDRESS P.O. BOX 1441 N/A
CITY-ST-ZIP BRANDON FL 33509

TITLE D
NAME DORSETT, KELLY
STREET ADDRESS P.O. BOX 1441 N/A
CITY-ST-ZIP BRANDON FL 33509

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

[Signature]

1/14/98 516151150

CR2E034 (10/97)