FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
5-9-95

95 MAY -9 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000002979 (0)**

1. Corporate Name
FLORIDA TELECOMMUNICATIONS CORPORATION

Principal Place of Business	Mailing Address
46 N. WASHINGTON BLVD SUITE 1 SARASOTA FL 34236	46 N. WASHINGTON BLVD. SUITE 1 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **01/05/1994**
3a. Date of Last Report: **N/A**

2. Principal Place of Business
21 **3414 FAIR OAKS LANE**
22 Suite, Apt. #, etc.
23 City & State: **LONGBOAT KEY, FL**
24 **34228** 25 **USA**

26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: **650423177** ☐ 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

7. Is the principal place of business the same as the mailing address? Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PATTERSON, JOHN
46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA FL 34236

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 Section 607.0505 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

12. OFFICER AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
Title	D	Title	D,P ☒ Change ☐ Addition
Name	PATTERSON, JOHN	Name	VICK, CHARLOTTE O.
Street Address	46 N. WASHINGTON BLVD., SUITE 1	Street Address	3414 FAIR OAKS LANE
City-State-Zip	SARASOTA FL 34236	City-State-Zip	LONGBOAT KEY, FL 34228
Title		Title	D,VP,S,T ☐ Change ☒ Addition
Name		Name	VICK, MAURICE M., JR.
Street Address		Street Address	3414 FAIR OAKS LANE
City-State-Zip		City-State-Zip	LONGBOAT KEY, FL 34228
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I hereby certify that the information supplied with this filing is accurate. For profit corporations only: I further certify that the corporation named in this report is and will remain during the calendar year for which this report is filed qualified to do business in Florida through its registered agent, registered office and registered office address in Florida. I am familiar with and hereby authorize the execution of this report.

SIGNATURE: Maurice M. Vick Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF MANDATORY SECTION DIRECTOR

MAURICE M. VICK, JR., Vice President

(813) 387-8120

5/9/95

0342210 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

8:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003375 (0)**

1. Corporate Name

MASON DENTAL SOUTHEAST, INC.

Principal Place of Business	Mailing Address
2739 U.S. HIGHWAY 19 SUITE 310 HOLIDAY FL 34691	2739 U.S. HIGHWAY 19 SUITE 310 HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4100 N. Powerline Rd.	26
Suite, Apt. # etc. 22 Suite F1	Suite, Apt. # etc. 27
City & State 23 Pompano Beach, FL	City & State 28
Zip 24 33073 Country 25 USA	Zip 29 Country 30

4. FEI Number: 59-3237459 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BALOG, ANDREW E 2739 U.S. HIGHWAY 19 SUITE 310 HOLIDAY FL 34691	81 Name: George P. Russell III 82 Street Address (P.O. Box Number is Not Acceptable): 2739 US Highway 19. N. 83 Suite 300 84 City: Holiday FL 85 Zip Code: 34691

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] George P. Russell III, Secretary 5/11/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	P/D ☒ Change ☐ Addition
NAME	GINGLE, TERRY D	1 NAME	Kurt Andersen
STREET ADDRESS	2739 U.S. HIGHWAY 19, SUITE 310	1 STREET ADDRESS	2739 US Highway 19, Suite 300
CITY-ST-ZIP	HOLIDAY FL 34691	1 CITY-ST-ZIP	Holiday, FL 34691
TITLE	D	2 TITLE	S ☒ Change ☐ Addition
NAME	HAUSDORFF, OSCAR L	2 NAME	George P. Russell III
STREET ADDRESS	2739 U.S. HIGHWAY 19, SUITE 310	2 STREET ADDRESS	2739 US Highway 19, Suite 300
CITY-ST-ZIP	HOLIDAY FL 34691	2 CITY-ST-ZIP	Holiday, FL 34691
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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] George P. Russell III 5/11/95 (813) 942-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0073942 CP