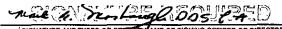
2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P94000004196 May 01, 2000 8:00 am Secretary of State 1. Entity Name MARK B. MOSBAUGH, D.D.S., P.A. 05-01-2000 90477 013 ***150.00 Principal Place of Business Mailing Address 4983 GOLDEN GATE PARKWAY 4983 GOLDEN GATE PARKWAY NAPLES FL 3500 3416-6972 NAPLES FL 34116-6972 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-6145366 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired * ~ ` \ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOSBAUGH, MARK B Street Address (P.O. Box Number is Not Acceptable) 4983 GOLDEN GATE PARKWAY NAPLES FL 90009 34116 = 6972 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTV\$ ☐ Delete Change Addition TITLE MOSBAUGH, MARK B NAME **4983 GOLDEN GATE PARKWAY** STREET ADDRESS STREET ADDRESS NAPLES FL \$3899 34116-6972 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE MOSBAUGH, MARK B NAME NAME 4983 GOLDEN GATE PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 33999 34116~ 697 2 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



4/18/00

941-455-1044

Daytime Phone #