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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:59

DOCUMENT # P94000027461 (0)

1. Corporation Name
CONTRACT DENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
210 BRIGHTWATERS BLVD. ST. PETERSBURG FL 33704	210 BRIGHTWATERS BLVD. ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-332-7871 ☐ 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

HEARN, PRESTON S
210 BRIGHTWATERS BLVD.
ST. PETERSBURG FL 33704

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 title if agent is a corporation) (Name of Registered Agent typed or printed when necessary) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HEARN, ELAINE C	12 NAME	
STREET ADDRESS	210 BRIGHTWATERS BLVD.	13 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL 33704	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	HEARN, NICOLE E	22 NAME	
STREET ADDRESS	210 BRIGHTWATERS BLVD.	23 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL 33704	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	HEARN, PRESTON S	32 NAME	
STREET ADDRESS	210 BRIGHTWATERS BLVD.	33 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL 33704	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I (We) 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)(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: Preston S Hearn
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

1-10-94
Date

813-560-1177
Daytime Phone #