CORPORATION ANNUAL REPORT 1995

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032644 (4)

1. Corporation Name
RENAISSANCE DENTAL INC.

Principal Place of Business	Mailing Address
2769 1/2 E OAKLAND PARK BLVD FT LAUDERDALE FL 33306	2769 1/2 E OAKLAND PARK BLVD FT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1994
3a. Date of Last Report: 0481782

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: [redacted] ☐ Applied For ☐ Not Applicable
21 2771 E. Oakland Park Blvd.	27 2771 E. Oakland Park Blvd.	
Suite, Apt. #, etc. 22 Suite 10	Suite, Apt. #, etc. 27 Suite 10	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 Fort Lauderdale FL	City & State 28 Fort Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 24 33306 25 U.S.A.	Zip / Country 29 33306 30 U.S.A.	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COLLINS, KATHLEEN A
2769 1/2 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 2771 E. Oakland Park Blvd.
83: Suite 10
84 City: SAME FL 85 Zip Code: SAME

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] 4-20-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	OLSEN, ALAN	12 NAME	
STREET ADDRESS	2769 1/2 E OAKLAND PARK BLVD	13 STREET ADDRESS	2771 E. Oakland Park Blvd. Suite 10
CITY-ST-ZIP	FT LAUDERDALE FL 33306	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	COLLINS, KATHLEEN	22 NAME	
STREET ADDRESS	2769 1/2 E OAKLAND PARK BLVD	23 STREET ADDRESS	2771 E. Oakland Park Blvd Suite 10
CITY-ST-ZIP	FT LAUDERDALE FL 33306	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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 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(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] 4-20-95 (305) 565-0825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0213185 CP