FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

1997 JAN -6 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032644 (4)

1. Corporation Name

RENAISSANCE DENTAL INC.

Principal Place of Business	Mailing Address
2771 E OAKLAND BLVD SUITE 10 FT LAUDERDALE FL 33306 US	2771 E OAKLAND PK BLVD SUITE 10 FT LAUDERDALE FL 33306 US

3. Date Incorporated or Qualified: 04/29/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21): ~~8 NE 1st Court~~ 2500 Aqua Vista Blvd
2a. Mailing Address (26): SAME

4. FEI Number: 65-0481782 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23): Fort Lauderdale FL
City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): ~~33301~~
Country (25): USA
Zip (29)
Country (30)

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
2771 E OAKLAND PARK BLVD
SUITE 10
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): 2500 Aqua Vista Blvd
83
84 City: Fort Lauderdale **FL** 85 Zip Code: 33301

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] Kathleen A Collins Vice President DATE: 12/26/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OLSEN, ALAN		1.2 NAME		
STREET ADDRESS	~~2771 E OAKLAND PARK BLVD., SUITE 10~~		1.3 STREET ADDRESS	2500 Aqua Vista Blvd	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	33301	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	COLLINS, KATHLEEN		2.2 NAME		
STREET ADDRESS	~~2771 E OAKLAND PARK BLVD., SUITE 10~~		2.3 STREET ADDRESS	2500 Aqua Vista Blvd	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	33301	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	**REINSTATEMENT** 96	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	700002050087--5	
STREET ADDRESS			5.3 STREET ADDRESS	-01/08/97--01032--024	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	****375.00 ****375.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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] 12/26/96

954-565-2093