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 MAR 14 AM 8:33

DOCUMENT # P94000046131 (6)

1. Corporation Name
EAST BUSCH DENTAL CENTER, P.A.

Principal Place of Business	Mailing Address
1620 HIGHWAY 60 VALRICO FL 33594	1620 HIGHWAY 60 VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1994
3a. Date of Last Report:

2. Principal Place of Business
21 5202 E. Busch Blvd.
22 Suite, Apt. #, etc.
23 City/State: Tampa, FL.
24 Zip: 33617 25 County: Hillsborough

2a. Mailing Address
26 1620 Highway 60
27 Suite, Apt. #, etc.
28 City/State: Valrico FL.
29 Zip: 33594 30 County: Hillsborough

4. FEI Number: 59-3248488 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHWARZ, L T
1620 HIGHWAY 60
VALRICO FL 33594

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: (Typed or printed name of registered agent and title if applicable) (New Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SCHWARZ, L T	12 NAME	
STREET ADDRESS	1620 HIGHWAY 60	13 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HAZAN, JACK	22 NAME	
STREET ADDRESS	1620 HIGHWAY 60	23 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LASH, JEFFREY R	32 NAME	
STREET ADDRESS	POST OFFICE BOX 1517	33 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	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 hereby certify that the information supplied with this filing is true and accurate. The electronic 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: L.T. Schwarz L.T. Schwarz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000473 CP