SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P94000049151 (1)

1. Corporation Name

HI-TECH DENTAL LAB OF NORTHEAST FLORIDA, INC.

FILED
95 AUG 10 PM 12:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
7103 BALBOA ROAD JACKSONVILLE FL 32217	7103 BALBOA ROAD JACKSONVILLE FL 32217

3. Date Incorporated or Qualified: 07/01/1994
3a. Date of Last Report:

2. Principal Place of Business
21 800 LOMAX ST
22 Suite Apt. #, etc. Suite #117
23 City & State: Jacksonville, Fl.
24 Zip: 32204 25 Country: DUVAL

2a. Mailing Address
26 800 LOMAX St.
27 Suite, Apt. #, etc. Suite #117
28 City & State: Jacksonville, Fl.
29 Zip: 32204 30 Country: DUVAL

4. FEI Number: 59-3247395 ☐ 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

SARES, JOSEPH A
7103 BALBOA ROAD
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name: SARES, JOSEPH A.
82 Street Address (P.O. Box Number is Not Acceptable): 9093 BARRISTER COURT
83
84 City: JACKSONVILLE FL 85 Zip Code: 32257

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 _____ DATE
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	11 TITLE	D	☑ Change ☐ Addition
NAME	SARES, JOSEPH A	12 NAME	SARES, JOSEPH A.	
STREET ADDRESS	7103 BALBOA ROAD	13 STREET ADDRESS	9093 BARRISTER CT	
CITY-ST-ZIP	JACKSONVILLE FL 32217	14 CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	21 TITLE	D	☑ Change ☐ Addition
NAME	SARES, RENEE	22 NAME	SARES, RENEE	
STREET ADDRESS	7103 BALBOA ROAD	23 STREET ADDRESS	9093 BARRISTER CT	
CITY-ST-ZIP	JACKSONVILLE FL 32217	24 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
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		

CR2E034 (3/95)

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)(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: Joseph A Sares JOSEPH A. SARES 7-25-95 904-351-1696
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0128107 FP