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 FEB -9 AM 10:07

DOCUMENT # P94000050113 (7)

1. Corporation Name
G.M. DENTAL CENTER, INC.

Principal Place of Business	Mailing Address
1803 S. AUSTRALIAN AVE., STE. A WEST PALM BEACH FL 33409	1803 S. AUSTRALIAN AVE., STE. A WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

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

2. Principal Place of Business	21	4360 NORTHLAKE BL	
	22	Suite, Apt. #, etc. #205	
	23	City & State PALM BCH GARDENS, FL	
	24	Zip 33410	25 Country USA
2a. Mailing Address	26		
	27	Suite, Apt. #, etc. SAME	
	28	City & State C 2	
	29	Zip	30 Country

4. FEI Number: 65-0501274 ☐ 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

MARTIN E. WASHOFSKI, E.A., P.A.
1803 S. AUSTRALIAN AVE., STE. A
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 4360 NORTHLAKE BLVD
83 #205
84 City PALM BCH LAKES FL 85 Zip Code 33410

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	PD	11 TITLE	☒ Change ☐ Addition
NAME	MCNAMARA, GEORGE W JR.	12 NAME	
STREET ADDRESS	1803 S. AUSTRALIAN AVE., STE. A	13 STREET ADDRESS	4360 NORTHLAKE BLVD #205
CITY-ST-ZIP	WEST PALM BEACH FL 33409	14 CITY-ST-ZIP	PALM BCH GARDENS, FL 33410
TITLE		21 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	MCNAMARA, VIRGINIA	22 NAME	MCNAMARA, VIRGINIA
STREET ADDRESS		23 STREET ADDRESS	4360 NORTHLAKE BLVD #205
CITY-ST-ZIP		24 CITY-ST-ZIP	PALM BCH GARDENS, FL 33410
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] 2-5-95 407-694-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — GEORGE W. MCNAMARA, JR. — Daytime Phone #

0240377 CP