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

DOCUMENT # **P94000073930 (7)**

1. Corporation Name

DENTAL SOLUTIONS, INC.

Principal Place of Business

327 S.W. 1ST AVENUE
BOYNTON BEACH FL 33435

Mailing Address

327 S.W. 1ST AVENUE
BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified: **10/04/1994**

3a. Date of Last Report: **04/17/1994**

4. FEI Number: **65-0523273** ☐ 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

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 County

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 County

9. Name and Address of Current Registered Agent

ANNABEL, BEVERLY
327 S.W. 1ST AVENUE
BOYNTON BEACH FL 33435

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 Section [illegible] Florida Statutes, this address for the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation's board of directors I hereby accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section [illegible], Florida Statutes.

SIGNATURE [illegible] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	ANNABEL, BEVERLY BS BA		1a NAME	
STREET ADDRESS	327 SW 1ST AVE		1b STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		1c CITY ST ZIP	
TITLE		☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME			2a NAME	
STREET ADDRESS			2b STREET ADDRESS	
CITY-ST-ZIP			2c CITY ST ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			3a NAME	
STREET ADDRESS			3b STREET ADDRESS	
CITY-ST-ZIP			3c CITY ST ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4a NAME	
STREET ADDRESS			4b STREET ADDRESS	
CITY-ST-ZIP			4c CITY ST ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5a NAME	
STREET ADDRESS			5b STREET ADDRESS	
CITY-ST-ZIP			5c CITY ST ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6a NAME	
STREET ADDRESS			6b STREET ADDRESS	
CITY-ST-ZIP			6c CITY ST ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate, complete 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 report or supplemental 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: Beverly Annabel 4/5/96 (407) 732-2694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #