SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthan ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000030384 (8) RORY J. SPEARING, D.D.S., P.A. Principal Place of Business Mailing Address 1717 N FLAGLER DR 1717 N FLAGLER DR SUITE 9 SUITE 9 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 Date Incorporated or Qualified 04/19/1995 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-05822163 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Added to Fees Trust Fund Contribution Zip Country Country 6. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent KLEIN, JEFFREY G 81 Name 2600 N MILITARY TRAIL Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 270 BOCA RATON FL 33431** 83 84 City 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 agent, or both, in the State of florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature type for protestinary of repotered agent and the flat plugation (fair) fill fix gis time. Agreed signar are required when temperatings LAIF 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) TITLE DELETE 111.00 Change Addition SPEARING, RORY J NAME 1.2 NAME 1717 N FLAGLER DR SUITE 9 **CR2E034** STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33407 CITY - ST - ZIF 1.4 CHY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAM3 STREET ADDRESS 2.3 STHEFT ADDRESS CITY - ST - ZIP 2 4 Offy -ST-ZIE DELETE 3 1 THT_E Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 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-ZIF 4.4 City - St - ZiP TITLE DELETE 5.1 DOLE Change Addition NAME 5.2 NAM8 STREET ADDRESS 5.3 STREET ADORESS CITY-S1-ZIP 5,4 CHY - ST - ZIP TITLE DELETE 6 1 III.E Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-ZIP 6.4 CHY - ST - 7/P 14. Ido 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 Statutos 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 this receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TWEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/96 655-3643