2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 16, 2002 8:00 am Secretary of State DOCUMENT # P95000036006 1. Entity Name 01-16-2002 90076 045 ***150 00 RONALD R. UNDERHILL, D.D.S., P.A. Principal Place of Business Mailing Address 1717 SOUTH OSPREY AVENUE 1717 SOUTH OSPREY AVENUE SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0578240 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7-Name and Address of New Registered Agent UNDERHILL, RONALD R Street Address (P.O. Box Number is Not Acceptable) 1717 SOUTH OSPREY AVENUE SARASOTA FL 34239 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE Delete Addition UNDERHILL, RONALD R UNDERHILL, RONALD R 5336 CARMILFRA DR STREET ADDRESS STREET ADDRESS 86 VIC EDWARDS ROAD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 SARASOTA, FL. 34231 TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME LUDERHILL, ROVALD R 5336 CARMILERA OR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASUTA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing 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 11 or Block 12 if

FILED