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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000037280 (1)**

1. Corporation Name

MEDDENT MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
5226 WEST SHORE DRIVE NEW PORT RICHEY FL 34652	5226 WEST SHORE DRIVE NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified: 05/10/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 6911 State ROAD 54
22: Suite, Apt. #, etc.
23: City & State: NEW PORT RICHEY, FL.
24: Zip: 34652
25: Country: PASCO

2a. Mailing Address
26: 6911 State ROAD 54
27: Suite, Apt. #, etc.
28: City & State: NEW PORT RICHEY, FL.
29: Zip: 34653
30: Country: PASCO

4. FEI Number: 59-3323953 ☐ 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

HAUSDORFF, OSCAR
2501 PINEBROOK HOLLOW
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name: TERRY D. GINGLE
82 Street Address (P.O. Box Number is Not Acceptable): 5226 WEST SHORE DRIVE
83:
84 City: NEW PORT RICHEY FL 85 Zip Code: 34652

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: Terry D. Gingle President DATE: 4-29-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR OSCAR HAUSDORFF 2501 PINEBROOK HOLLOW SARASOTA, FL. 34235	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR, PRESIDENT/CEO TERRY D. GINGLE 5226 WEST SHORE DRIVE NEW PORT RICHEY, FL. 34652	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	200001870872 -06/21/96--01026--024 ***200.00	☐ Change ☐ Addition 5/1 JL

CR2E034 (12/95)

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)(k), 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: Terry D. Gingle President — 4-29-96 — 813-842-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #