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 CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000053234 (7)**

1. Corporation Name

DIVERSIFIED DENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
HODUSA TOWER, SUITE 408 26870 U.S. HIGHWAY 19 CLEARWATER FL 34621-2564	HODUSA TOWER, SUITE 408 26870 U.S. HIGHWAY 19 CLEARWATER FL 34621-2564

3. Date Incorporated or Qualified: 07/10/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10641 - 1st St. E.	26 10641 - 1st St. E.
22 Suite, Apt. #, etc. #204	27 Suite, Apt. #, etc. #204
23 City & State Treasure Island, FL	28 City & State Treasure Island, FL
24 Zip 33706 25 Country USA	29 Zip 33706 30 Country USA

4. FEI Number 59-3324463 ☐ 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

JENNINGS, THOMAS C III
HODUSA TOWER, SUITE 408
26870 U.S. HIGHWAY 19
CLEARWATER FL 34621-2564

10. Name and Address of New Registered Agent

81 Name: Albert B. Pollock
82 Street Address (P.O. Box Number is Not Acceptable): 10641 - 1st St. E.
83: #204
84 City: Treasure Island FL 85 Zip Code: 33706

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 X Albert B. Pollock — DATE X 7/25/96.
Signature required for the change of registered agent and/or office address (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Albert B. Pollock 10641 - 1st St. E. #204 Treasure Island, FL 33706 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D/VP Martin Drillich 10641 - 1st St. E. #204 Treasure Island, FL 33706 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 500001910885 -08/01/96--01061--012 ***225.00

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] 7/15/96 X 813 387-6501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Martin Drillich