FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 SEP 4 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000053234

1. Corporation Name

Diversified Dental Services, Inc.

Principal Place of Business	Mailing Address
10641 1st. Street E. #204 Treasure Island, FL 33706	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 10641 1st. St. E. #204	26 Same	7/10/95	8/1/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3324463 (P95000053034)	☐ Applied For ☐ Not Applicable
22 204	27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23 Treasure Island, FL	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No	
24 33706 / 25 Pinellas	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Thomas C. Jennings III 703 Court Street Clearwater, FL 34616-5507	81 Name N/A 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/C.E.O.	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Albert B. Pollock		12 NAME	
STREET ADDRESS	10641 1st. Street E. #204		13 STREET ADDRESS	
CITY-ST-ZIP	Treasure Island, FL 33706		14 CITY-ST-ZIP	
TITLE	Martin Drillich	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Director		22 NAME	
STREET ADDRESS	10641 1st. Street E. #204		23 STREET ADDRESS	
CITY-ST-ZIP	Treasure Island, FL 33706		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	100002288564--0
STREET ADDRESS			43 STREET ADDRESS	-09/09/97--01071--003
CITY-ST-ZIP			44 CITY-ST-ZIP	****165.00 ****165.00
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby 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 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: Albert Pollock 9/3/97 813-367-6801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DDS
Diversified Dental Services, Inc.
"Your Dental Handpiece Repair Specialists"

202

9/3/97

Jessie Sellers,

Please find enclosed our check for $165.00 RE: Annual Report for Diversified Dental Services, Inc.

Per your conversation this day with our Mr. Martin Drillick regarding our company not receiving the initial report.

Thank you,
W. Drillick, Pres./C.E.O.

10641 First St. East • Suite 204 • Treasure Island, FL 33706 • 800-374-6273 • 813-367-6801 • FAX 813-367-9751