SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 OCT 20 AM 10: 47 DOCUMENT # P95000083987 (4) CLERMONT COSMETIC & FAMILY DENTISTRY, P.A. SECKETARY OF STATE Principal Place of Business Mailing Address 773 W MONTROSE STREET 773 W MONTROSE STREET CLERMONT FL 34711 CLERMONT FL 34711 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 11/02/1995 05/01/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3344170 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Kern. Joseph G 215 NORTH EOLA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when ministating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 THE -a<u>sooo</u>2327026 110-22/97--01081 TITUS, GARY S NAME 1.2 NAME 773 W MONTROSE ST. 1.3 STREET ADDRESS STREET ADDRESS ****558.75 ****558.7S CLERMONT GEFL 34711 CITY-ST-ZIP 1.4 CHTY - ST - ZIP DELETE Change Addition TITLE 21 TITLE TITUS, DEBORAH D NAME 2.2 NAME 773 W MONTROSE ST STREET ADDRESS 2.3 STREET ADDRESS CLERMONT FL CITY-\$1-ZIP 34711 2. 4 CITY - ST - ZIP DELETE TITLE Change Add tion 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7/P DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST - ZIP 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

Show Se NESTED GARVES TO AUS PRESIDENT SECREDARY