FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083987 (4)

CLERMONT COSMETIC & FAMILY DENTISTRY, P.A.

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 11/02/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3344170 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 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 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KERN, JOSEPH G 215 NORTH EOLA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 84 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature requ d when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE 1.1 TITLE ■ Addition TITLE NAME TITUS, GARY S 1.2 NAME CR2E034 773 W MONTROSE ST. 1.3 STREET ADDRESS STREET ADDRESS **CLERMONT FL 34711** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE TITUS, DEBORAH D 22 NAME 773 W MONTROSE ST STREET ADDRESS 23 STREET ADDRESS **CLERMONT FL 34711** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 4.1 TITLE ☐ Change ___ Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE: San 8, Situa GARY 5. TITUS, DPS 04-13-98 352-242-6222

64 CITY-ST-ZIP
14. I 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.