FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000047544

1. Corporation Name: PLAZA Dental Corp.

Principal Place of Business	Mailing Address
18260 NE 19th Ave Suite 104 N. Miami Beach, FL 33162	18260 NE 19th Ave Suite 104 N. M. Beach, Fl 33162

3. Date Incorporated or Qualified: 6/20/96
3a. Date of Last Report:

2. Principal Place of Business (21): Same
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26): Same
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 650679880 ☑ 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

Ronald L. Askowitz, DDS
18260 NE 19th Ave,
Suite 104
N. Miami Beach, Fl 33162

10. Name and Address of New Registered Agent

81 Name: Ronald L. Askowitz DDS.
82 Street Address (P.O. Box Number is Not Acceptable): 18260 NE 19th Ave
83 Suite 104
84 City: N. Miami Beach FL 85 Zip Code: 33162

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 Ronald L. Askowitz — RONALD LEE ASKOWITZ DDS — DATE: 4.25.97
(Signature, Typed or Printed Name of Registered Agent and Title if applicable) (REQUIRED When Changing Registered Agent; Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Ronald L. Askowitz, DDS.	12 NAME	
STREET ADDRESS	18260 NE 19th Ave	13 STREET ADDRESS	
CITY-ST-ZIP	Suite 104 N. Miami Beach, FL 33162	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		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	000002203560
STREET ADDRESS		43 STREET ADDRESS	-06/06/97--01002--003
CITY-ST-ZIP		44 CITY-ST-ZIP	***13.75
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	900002203559
STREET ADDRESS		63 STREET ADDRESS	-06/06/97--01002--002
CITY-ST-ZIP		64 CITY-ST-ZIP	***165.00

5/27

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: X Ronald L. Askowitz — 4.25.97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date