


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

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May 02 1997 8:00am  
Secretary of State

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| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997   |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morton<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # P96000093174 (6)   |  |  |  |
| 1. Corporation Name<br>DENTAL & VISION EXPRESS, INC.  |  |  |  |
| Principal Place of Business<br>1776 NORTH PINE ISLAND ROAD<br>SUITE 118<br>PLANTATION FL  |  | Mailing Address<br>1776 NORTH PINE ISLAND ROAD<br>SUITE 118<br>PLANTATION FL 33322-5200  |  |
| 2. Principal Place of Business<br>21 9520 NW 8th Circle<br>Suite, Apt. #, etc.<br>22 City & State<br>23 Plantation, FL<br>Zip<br>24 33324-4934  |  | 2a. Mailing Address<br>26 30211 Avenida de Las Banderas<br>Suite, Apt. #, etc.<br>27 Suite 120<br>City & State<br>28 Rancho Santa Margarita, CA<br>Zip<br>29 92688                     |  |
| 25 USA  |  | 30 USA   |  |
| 9. Name and Address of Current Registered Agent<br>HARDEN, REGGIE<br>7585 N.W. 44TH STREET<br>LAUDERHILL FL 33319   |  |  |  |
| 10. Name and Address of New Registered Agent<br>31 Name Robert J. Oosdyke<br>32 Street Address (P.O. Box Number is Not Acceptable)<br>9520 NW 8th Circle<br>33<br>34 City Plantation, FL<br>35 Zip Code 33324   |  |  |  |
| 11. Pursuant to the provisions of Sections 607.0507 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.<br>SIGNATURE: <i>Robert J. Oosdyke</i> 4/25/97<br>SIGNED: <i>Robert J. Oosdyke</i> 4/25/97  |  |  |  |
| 12. OFFICERS AND DIRECTORS  |  |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |  |  |
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-STATE-ZIP   |  |  |  |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-STATE-ZIP   |  |  |  |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-STATE-ZIP   |  |  |  |
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| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-STATE-ZIP   |  |  |  |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-STATE-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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. |  |  |  |
| SIGNATURE: <i>Robert J. Oosdyke</i> 4/25/97 (714) 589-6500<br>SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>Date Daytime Phone #  |  |  |  |



CR2E034 (9/96)