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

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000057282 (0)

RAYMOND J. NICOL, D.D.S., P.A.

Mailing Address Principal Place of Business 181 CRAWFORD BLVD. 181 CRAWFORD BLVD. BOCA RATON FL 33432-3728 **BOCA RATON FL 33432-3728**

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1997

FEI Number

Applied For 65-0783454 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 21 Name ZIEGLER, STEPHEN L 200 E. LAS OLAS BLVD., STE. 1800 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33301 83 84 City Zip Code 85 FL 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 reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE NICOL, RAYMOND J 1.2 NAME NAME CR2E034 181 CRAWFORD BLVD. STREET ADDRESS 1.3 STREET ADDRESS BOCA RATON FL 33432-3728 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6,3 STREET ADDRESS

14. Thereby cartify 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:

6.4 CITY - ST - ZIP