Mar 25, 2002 8:00 am & Secretary of State FILED 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000061376 1. Entity Name 03-25-2002 90081 011 ***150.00 THOMAS A. PRIBISCO, D.D.S., M.S., P.A. Mailing Address Principal Place of Business 10822 OLD ST. AUGUSTINE ROAD 10822 OLD ST. AUGUSTINE ROAD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3458935 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRIBISCO, THOMAS A D.D.S. -- -Street Address (P.O. Box Number is Not Acceptable) 10822 OLD ST. AUGUSTINE ROAD JACKSONVILLE FL 32257 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Change ☐ Delete TITLE TIT! F NAME NAME PRIBISCO, THOMAS A D.D.S. STREET ADDRESS STREET ADDRESS 10822 OLD ST. AUGUSTINE ROAD CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32257 ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

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TITLE

NAME

TITLE NAME

RIBISCO

☐ Change

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☐ Addition

Addition