2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000098826 Feb 20, 2000 8:00 am Secretary of State 1. Entity Name CONWAY & CONWAY, D.D.S., P.A. 02-20-2000 90026 007 ***150.00 Principal Place of Business Mailing Address 321 21 ST ST. SUITE 3-C 321 21 ST ST. SUITE 3-C VERO BEACH FL 32960 VERO BEACH FL 32960-6547 2. Principal Place of Business Terrace 3. Mailing Address Terrace DO NOT WRITE IN THIS SPACE 303 4. FEI Number Applied For 74-2861159 ero Beach Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONWAY, E M Street Address (P.O. Box Number is Not Acceptable) 321 21ST ST, SUITE 3-C VERO BEACH FL 32960 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. 1-26-00 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change TITLE ☐ Delete TITLE ☐ Addition CONWAY, E M NAME NAME 3755 7th Terrace Suite 303 -321 213T ST, SUITE 3-6-STREET ADDRESS STREET ADDRESS Vero Beach, Fl 32960 CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP DVS Addition ☐ Delete ☐ Change TITLE TITLE 3755 7 th Temace Soite 303 CONWAY, SUZANNE NAME NAME 321-21ST-ST, SUITE 3-6 STREET ADDRESS STREET ADDRESS Vero Beach, F/ 32960 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

SIGNATURE	:	SOMETURE	EREQUIRED
	-	SIGNATURE AND TYPED OR PRINTED IN	VAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

☐ Addition