

03241999-90065-015-\$158.75-\$158.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 DEC 30 PM 4:01

|                                                                  |                                                                                   |                                                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # P98000001250**

1. Corporation Name

**MILLENNIUM DENTAL GROUP, INC.***Millennium*

Principal Place of Business

1685 SE CROWBERRY  
PT. ST. LUCIE FL 34883

Mailing Address

1685 SE CROWBERRY  
PT. ST. LUCIE FL 34883

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1998

4. FEI Number

59-3486593

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation owns the current year intangible  
Personal Property Tax.☐ Yes ☐ No

2. Principal Place of Business

1701 STATE RD A-1-A

2a. Mailing Address

1701 STATE RD A-1-A

Suite, Apt. #, etc.

# 305

Suite, Apt. #, etc.

# 305

City &amp; State

VERO BEACH FL

City &amp; State

VERO BEACH FL

Zip

32963

Country

Zip

32963

Country

8. Name and Address of Current Registered Agent

NAMO, GAIL  
1685 SE CROWBERRY  
PT. ST. LUCIE FL 34883

10. Name and Address of New Registered Agent

81 Name

G.W. HOWARD

82 Street Address (P.O. Box Number is Not Acceptable)

1701 STATE RD A-1-A

83

84 City

VERO BEACH

FL

85 Zip Code

32963

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature is required when registering)

1/18/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME James L. STRAWN DDS

STREET ADDRESS 5050 S. 25th ST

CITY-ST-ZIP ST. PIERRE, FL 34982

TITLE ☐ DELETE

NAME G.W. HOWARD

STREET ADDRESS 3021 S. INDIAN R. BLVD

CITY-ST-ZIP ST. PIERRE, FL 34982

TITLE ☐ DELETE

NAME GAIL NAMO

STREET ADDRESS 2925 S. INDIAN R. BLVD

CITY-ST-ZIP ST. PIERRE, FL 34982

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 sign 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, with all other like empowered.

SIGNATURE:

*[Signature]*

Date

Seymour Weiss, II

CR2ED04 (1/98)

DEC-30-99 01:21 PM MILLENNIUM DENTAL 561-231-1344 1.02

**Millennium Dental Group, Inc.**

1701 Hwy A1A

Suite 305

Vero Beach, Florida 32960

561-231-1131

561-231-1344 (fax)

Florida Dept. of State  
P.O. Box 6327  
Tallahassee, FL 32314

Fax Number: 850-487-6017

Attn: Andy

Dear Andy,

Enclosed are copies of the letters the Department of State has sent to us, the Articles of Amendment to Articles of Incorporation of Milenium Dental Group, changing the spelling of the name to Millennium Dental Group, Inc.

Also enclosed is a copy of the 1999 Annual Report for Millennium Dental Group, Inc. I had sent in the corrected copy with the Name Change request on March 12, 1999.

Please make sure the corporation status of Millennium Dental Group is corrected prior to year end closing on December 31, 1999.

Thank you for your assistance. Have a safe and enjoyable new year.

Sincerely,



Julie Cleland  
Executive Administrator