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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000042637

1. Corporation Name

TYSON-DENTAL, INC.

NATIONAL DIGITAL IMAGING, INC

May 10, 1999 8:00 am Secretary of State

05-10-1999 90190 042 ***150.00



Principal Place of Business	Mailing Address			
7651 NORTHPOINTE BOULEVARD	7651 NORTHPOINTE BOULEVAR	RD		•
PENSACOLA FL 32514	PENSACOLA FL 32514		DO NOT WRITE IN THIS	CDACE
				- SPACE
			3. Date Incorporated or Qualified 05/12/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-35/10//	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year in	tangible .
24 25	29 30]	Personal Property Tax.	ŬYes □No
9. Name and Address of Current	<u> </u>	<u> </u>	10. Name and Address of New Registered	Agent
		81 Name		
AMERILAWYER				
343 ALMERIA AVENUE		82 Street Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134		83		
		84 City	FL	85 Zip Code,
44 200 000	- 1 007 1500 Florida Statutas	the shave named corr	- exting automits this statement for the purpose of	changing its registered
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 fulfy, any accept the obligations of, Section 607.0505, Florida Statutes.				
agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.				
SIGNATURE X			7///	
Signature, typed of printed name of registered agent		gistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AI	VID DIRECTORS IN 12
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE PSID	☐ DEFELE	1.1 TITLE		Damide Dingmin
NAME TYSON, WILLIAM F		1.2 NAME		
STREET ADDRESS 7651 NORTHPOINTE BOULEVAR	υ	1.3 STREET ADDRESS		
CITY-ST-ZIP PENSACOLA FL 32514		1.4 CITY-ST-ZIP		
TITLE	[] DELETE	2.1·TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
] ` `		4.4 CITY-ST-ZIP		
CITY-ST-ZIP	DELETE	5.1 TITLE		☐ Change ☐ Addition
		5.2 NAME		
NAME		5.3 STREET ADDRESS		
STREET ADDRESS		5.4 CITY-ST-ZIP		Ì
CITY-ST-ZIP	DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		6.2 NAME		
NAME				
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<u></u>	

14. 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 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 adaction of the corporation of the receiver of the corporation of the corporat

SIGNATURE:

SIGNATURE AND TYPE

CR2E034 (11/98)