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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000048982**

1. Corporation Name
THE MAIN STREET DENTISTS, INC.

Principal Place of Business	Mailing Address
6525 SUNNYSIDE DR LEESBURG FL 34748	6525 SUNNYSIDE DR LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 606 W Magnolia St. Suite, Apt. #, etc. 22 City & State 23 LEESBURG, FL Zip / Country 24 34748 25	2a. Mailing Address 26 606 W. Magnolia St. Suite, Apt. #, etc. 27 City & State 28 LEESBURG, FL Zip / Country 29 34748 30

3. Date Incorporated or Qualifed
05/29/1998

4. FEI Number
59-3514918
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRIDGES MEHR, MARTHA DR.
6525 SUNNYSIDE DR
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name: JON D MEHR P.D.S.
82 Street Address (P.O. Box Number is Not Acceptable): 606 W. Magnolia St.
83
84 City: LEESBURG FL 85 Zip Code: 34748

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: Jon Mehr — DATE: 1/26/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEHR, JOHN DR. 610 W MAGNOLIA ST LEESBURG FL 34748	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P MEHR, JON DR. 606 W. Magnolia St. LEESBURG, FL 34748	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIDGES MEHR, MARTHA DR. 610 W MAGNOLIA ST LEESBURG FL 34748	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V BRIDGES MEHR, MARTHA DR. 606 W. Magnolia St. LEESBURG, FL 34748	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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 attachment with an address, with all other like empowered.

SIGNATURE: Jon Mehr — 1/26/98 — (352) 360-0152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #