03021999-90066-046-$150.00-$150.00

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90066 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000073794**

1. Corporation Name
EXCELLENCE IN DENTISTRY, JOHN G. SARRIS, D.D.S., & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
20913 ST. ANDREWS BLVD. UNIT #56 BOCA RATON FL 33433	20913 ST. ANDREWS BLVD. UNIT #56 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1998

4. FEI Number: 65-0858421 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

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

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

2. Principal Place of Business	2a. Mailing Address
21 4179 W. SR 7	26 ← SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LAUDERDALE LAKES, FL	City & State 28
Zip 24 33319 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~GAYLORD, MARC R ESQ~~
~~821 N.W. 56RD STREET, STE 240~~
~~BOCA RATON FL 33487~~

10. Name and Address of New Registered Agent

31 Name: ANASTASIOS TOM SPYRIDIS
32 Street Address (P.O. Box Number is Not Acceptable): 4800 N. FEDERAL HIGHWAY
33 SANCTUARY CENTRE SUITE 100-D
34 City: BOCA RATON FL 35 Zip Code: 33431

11. Pursuant to the provisions of Sections 601.0502 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: [signature] 4/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SARRIS, JOHN G 20913 ST. ANDREWS BLVD. UNIT #56 BOCA RATON FL 33433	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT JOHN G. SARRIS 10775 SANTA ROSA DRIVE BOCA RATON, FL 33498	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ 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: [signature] ANASTASIOS SPYRIDIS 1-21-99 954-484-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #