


FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90010 031 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P980000082790 | | | | | |
| 1. Corporation Name SHORES DENTAL GROUP, INC. | | | | | |
| Principal Place of Business 3730 7TH TERRACED #301 VERO BEACH FL 32960 | | | Mailing Address 3730 7TH TERRACED #301 VERO BEACH FL 32960 | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 3. Date Incorporated or Qualified 09/23/1998 | | | | | |
| 2. Principal Place of Business 21 4755 North A1A | | | 2a. Mailing Address 26 3730 7th Terrace | | |
| Suite, Apt. #, etc. 22 | | | Suite, Apt. #, etc. 27 301 | | |
| City & State 23 Vero Beach, FL | | | City & State 28 Vero Beach, FL | | |
| Zip Country 24 32963 25 USA | | | Zip Country 29 32960 30 USA | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 9. Name and Address of Current Registered Agent MOORE, JOHN E III 756 BEACHLAND BOULEVARD VERO BEACH FL 32983 | | | 10. Name and Address of New Registered Agent 81 Name John E. Moore III 82 Street Address (P.O. Box Number is Not Acceptable) 5070 N. A1A, Ste 200 83 84 City Vero Beach FL 85 Zip Code 32963 | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE <input type="checkbox"/> DELETE NAME EMERSON, BEN D DMD STREET ADDRESS 3730 7TH TERRACED #301 CITY-ST-ZIP VERO BEACH FL 32960 | | | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Partner 1.3 STREET ADDRESS Emerson, Ben D. D.O.S., M.D. 1.4 CITY-ST-ZIP 3730 7th Terrace, Ste 301 Vero Beach, FL 32960 | | | | | |
| 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Partner 2.3 STREET ADDRESS Foose, Karl. DDS 2.4 CITY-ST-ZIP 4100 S. Dixie Hwy. West Palm Beach, FL 33405 | | | | | |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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)(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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-569-9700
 Daytime Phone #

CR2E034 (1/98)