FILED

1-8-01

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Jan 20, 2001 8:00 am DOCUMENT # P98000088735 Secretary of State 1. Entity Name THOMAS R. AVERITT, DMD, PA 01-20-2001 90022 043 ***150.00 Principal Place of Business Mailing Address 2477 STICKNEY POINT ROAD 2477 STICKNEY POINT ROAD SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-0871935 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PREWETT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA ROAD SOUTH SARASOTA FL 34233 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) POP TITLE ☐ Delete TiT) F Change ☐ Addition AVERITT, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 2477 STICKNEY POINT ROAD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 TITLE ☐ Delete TITLE ☐ Change ☐ Addition AVERITT, THOMAS NAME NAME STREET ADDRESS 2477 STICKNEY POINT RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attact frent with an address, with all other like expowered.

SIGNING OFFICER OR DIRECTOR