2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040436

1. Entity Name
PARAGON DENTAL SERVICES, INC.

FILED
00 DEC -5 AM 11:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
~~1415 EAST SUNRISE BLVD., STE. 306~~ ~~FT. LAUDERDALE~~ FL	~~1415 EAST SUNRISE BLVD., STE. 306~~ ~~FT. LAUDERDALE~~ FL

2. Principal Place of Business	3. Mailing Address
3333 W. COMMERCIAL BLVD	3333 W. COMMERCIAL BLVD.
Suite, Apt. #, etc. 203	Suite, Apt. #, etc. 203
City & State FT. LAUDERDALE, FL.	City & State FT. LAUDERDALE, FL.
Zip 33309 / Country	Zip 33309 / Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0918092 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUGHES, M. DANIEL 1415 EAST SUNRISE BLVD., STE. 306 FT. LAUDERDALE FL	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 X M. Dal Chefer 11/27/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE DP ☒ Delete NAME NOLAN, JAMES J STREET ADDRESS 1415 EAST SUNRISE BLVD., STE. 306 CITY-ST-ZIP FT. LAUDERDALE FL	TITLE P ☐ Change ☒ Addition NAME LEONARD A. WEISS STREET ADDRESS 3333 W. COMMERCIAL BLVD. #203, CITY-ST-ZIP FT. LAUDERDALE, FL. 33309
TITLE DS ☐ Delete NAME NOLAN, KIM STREET ADDRESS 1415 EAST SUNRISE BLVD., STE. 306 CITY-ST-ZIP FT. LAUDERDALE FL	TITLE P ☐ Change ☒ Addition NAME MICHAEL FLAX STREET ADDRESS 3333 W. COMMERCIAL BLVD. # 203, CITY-ST-ZIP FT. LAUDERDALE, FL. 33309
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 700003510897--9 CITY-ST-ZIP -12/21/00--01086--016
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ****750.00 ☒ Change ****750.00 ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP KE

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 attachment with an address, with an officer like empowered.

SIGNATURE: SIGNATURE REQUIRED P. 11/22/00 10-23-00 954-760-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)