2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P9900059811 DAWN LÓZANO MARTIN, D.M.D., P.A. 4-28-2001 90072 025 ***150.00 Principal Place of Business Mailing Address 1204 NW 69 TERRACE 1204 NW 69 TERRACE SUITE F SUITE F CICPCUUJ GAINESVILLE FL 326065 GAINESVILLE FL 32608 5 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3590626 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, DAWN L D.M.D. Street Address (P.O. Box Number is Not Acceptable) 1204 NW 69 TERRACE SUITE F GAINESVILLE FL 32605 City Zio 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, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP TITLE Delete T!TLE Change Addition MARTIN, DAWN L D.M.D. NAME NAME STREET ADDRESS 1204 NW 69 TERRACE SUITE F STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32605** ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

WED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

4/23/2001 352-331-513 2 Daytime Phone #

Change

Change

Addition

Addition

CR2E034 (10/00)