FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # S45455 (0)

1. Corporate Name

SUNCOAST DENTAL CENTER OF FORT MYERS - DR. JAN E . KAPLAN, D.D.S., P.A.

Principal Place of Business

P.O DRAWER 06205
FT MYERS FL 33906

Mailing Address

P O DRAWER 06205
FT MYERS FL 33906

FILED
95 APR 27 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR OFFICE USE ONLY

3. Date of Incorporation or Qualification: 04/16/1991

3a. Date of Last Report: 03/04/1994

2. Principal Place of Business

21 PO Drawer 60205

Suite Apt. # or Bldg.

22

City & State

23

Zip 24 County 25

2a. Mailing Address

26 PO Drawer 60205

Suite Apt. # or Bldg.

27

City & State

28

Zip 29 Country 30

4. FEI Number: 65-0257053 — 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

8. Has corporation been found or determined to be an insolvent under S. 199.032 Florida Statutes? X Yes ☐ No

9. Name and Address of Current Registered Agent

ROYSTON, ROBERT D., JR.
12670 NEW BRITTANY BLVD.,#101
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505, and 607.1608, 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

12. OFFICERS AND DIRECTORS

D
KAPLAN JAN E DDS
P.O. DRAWER 06205
FT MYERS FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☑ Change ☐ Addition

PO Drawer 60205

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, or voluntarily furnished, does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. Further, I certify that the information indicated on the annual report or supplemental annual report is true and complete and that my signature shall have the same legal effect and meaning as my signature affixed to the original report. Date of the current or the most recent director or officer change, if applicable, to be reflected on the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 or Block 14 as an authorized officer or director.

SIGNATURE: [signature] APR 27 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-313-433-8104

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