FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S90602 (1)

1. Corporation Name

SEMINOLE DENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
730 ORANGE AVENUE STE. 120 ALTAMONTE SPRINGS FL 32714 US	730 ORANGE AVENUE STE. 120 ALTAMONTE SPRINGS FL 32714 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3089864 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WITCHER, MICHAEL D.
~~879 E. SEMORAN~~ BLVD.
~~CASSELBERRY~~ FL 32707

10. Name and Address of New Registered Agent

81 Name: —
82 Street Address (P.O. Box Number is Not Acceptable): 210 SMOKERISE BLVD.
83
84 City: LONGWOOD, FL FL 85 Zip Code: 32779

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	NOVOTNY, MILO R.	12 NAME	
STREET ADDRESS	879 E. SEMORAN BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WITCHER, MICHAEL D.	22 NAME	
STREET ADDRESS	~~879 E. SEMORAN BLVD.~~	23 STREET ADDRESS	210 SMOKERISE BLVD.
CITY-ST-ZIP	~~CASSELBERRY FL~~	24 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE		31 TITLE	D ☐ Change ☐ Addition
NAME		32 NAME	GARCIA, C. M.
STREET ADDRESS		33 STREET ADDRESS	879 E. SEMORAN BLVD
CITY-ST-ZIP		34 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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]   4/12/95   (407) 831-2055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael D. Witcher President

0038882 CP