(1)

PROFIT CORPORATION ANNUAL REPORT

**1997**

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

**FILED**
97 SEP 12 AM 11:30
SECRETARY OF STATE

DOCUMENT # V08450 (1)

Corporation Name
**CRANE DENTAL, P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 100 MADRID BLVD.<br>MADRID OFFICE PARK, BUILDING 4<br>PUNTA GORDA FL 33909 | 100 MADRID BLVD.<br>MADRID OFFICE PARK, BUILDING 4<br>PUNTA GORDA FL 33950-7968 |

| Date Incorporated or Qualified | Date of Last Report |
|---|---|
| 01/23/1992 | 02/06/1996 |

| | | | |
|---|---|---|---|
| 21 Principal Place of Business | 26 Mailing Address | FEI Number: 65-0315533 | ☐ Applied For ☐ Not Applicable |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 23 City & State | 28 City & State | ☐ | $5.00 May Be Added to Fees |
| 24 Zip / 25 Country | 29 Zip / 30 Country | This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No | |

**Name and Address of Current Registered Agent**

CRANE, CHARLES E
100 MADRID BLVD
SUITE 414
PUNTA GORDA FL 33950

**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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

| | | | | |
|---|---|---|---|---|
| TITLE* | DPS | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | CRANE, CHARLES E. | | 1.2 NAME | 300002296413--1 |
| STREET ADDRESS | 100 MADRID BLVD., #4 | | 1.3 STREET ADDRESS | -09/17/97--01127--015 |
| CITY-ST-ZIP | PUNTA GORDA FL | | 1.4 CITY-ST-ZIP | ****165.00 ****165.00 |
| TITLE | T | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | CRANE, CHARLES E. | | 2.2 NAME | |
| STREET ADDRESS | 100 MADRID BLVD., #4 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PUNTA GORDA FL | | 2.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

JD 9/15/97

I do 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 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.

CHARLES E. CRANE 2/14/97 9415752626