FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95

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

P95000055860 C

APPROVED AND FILED

95 MAY -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V29424 (1)

1. Corporation Name

DENTS PLUS, INC.

Principal Place of Business	Mailing Address
ONE SAN JOSE PLACE SUITE 22 JACKSONVILLE FL 32257	ONE SAN JOSE PLACE SUITE 22 JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 One San Jose Place	26 One San Jose Place
Suite, Apt. #, etc. 22 Suite 1	Suite, Apt. #, etc. 27 Suite 1
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32257 / 25 Duval	Zip / Country 29 32257 / 30 Duval

4. FEI Number: 59-3115981 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SLOTT, ARNOLD H. 334 EAST DUVAL STREET JACKSONVILLE FL 32202	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 607.0502 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	BLOCK, WILLIAM A.	12 NAME	Block, William A.	
STREET ADDRESS	ONE SAN JOSE PLACE #22	13 STREET ADDRESS	One San Jose Place, Suite 1	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	DV	21 TITLE	DV	☒ Change ☐ Addition
NAME	BLOCK, ANDREW M.	22 NAME	Block, Andrew M.	
STREET ADDRESS	ONE SAN JOSE PLACE #22	23 STREET ADDRESS	One San Jose Place, Suite 1	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	V	31 TITLE	V	☒ Change ☐ Addition
NAME	BLOCK, MICHELLE	32 NAME	Block, Michelle	
STREET ADDRESS	ONE SAN JOSE PLACE #22	33 STREET ADDRESS	One San Jose Place, Suite 1	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	V	41 TITLE	V	☒ Change ☐ Addition
NAME	BLOCK, JEFFREY	42 NAME	Block, Jeffrey	
STREET ADDRESS	ONE SAN JOSE PLACE #22	43 STREET ADDRESS	One San Jose Place, Suite 1	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	S	51 TITLE	S	☒ Change ☐ Addition
NAME	BLOCK, BEVERLY	52 NAME	Block, Beverly	
STREET ADDRESS	ONE SAN JOSE PLACE #22	53 STREET ADDRESS	One San Jose Place, Suite 1	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	T	61 TITLE	T	☒ Change ☐ Addition
NAME	BLOCK, ANDREW M	62 NAME	Block, Andrew M.	
STREET ADDRESS	1 SAN JOSE PLACE #22	63 STREET ADDRESS	1 San Jose Place, Suite 1	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	Jacksonville, FL 32257	

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 any attachment with an address.

SIGNATURE: _____ 4/6/95 904-268-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081707 CP