FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED **PROFIT** Mar 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3)M M DENTAL GROUP, INC. Principal Place of Business Mailing Address 2506 S SEMORAN BLVD 4315 NW 7TH STREET ORLANDO FL 32822 STE #34 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 3. Date Incorporated or Qualified 05/18/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0333572 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CLAVIJO, MARIO CLAVIJO Mario -11918 S.W. 88-STREET **B2** Street Address (P.O. Box Number is Not Acceptable) -MIAM+ FL-33186 - - -2506 SEMORAN BLVD. **B3** 84 Orlando, F1. 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, typed or protect nacro of required agent and time if apply able (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELFIE 1.1 TITLE KKChange Addition CLAVIJO, MARIO NAME 1.2 NAME CLAVIJO, Mario STREET ADDRESS 11016-S.W.-88 STREET 2506 SEMORAN BLVD. Orlando, FL. 32822 1.3 STREET ADDRESS MIAMIT PL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Addition TITLE 2 1 71716 Change NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. DITY-ST-ZIP CITY-ST-ZIP TITLE DELFIE 41 TITLE Change Addition NAME 4 2 NAME STHEET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TOLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELFTE TITLE ☐ Change Addition 61 TITLE NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. Thereby 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 animal 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 13 if changed, or on an attachment with an address.

3/10/98

traco E. Clavio