

No. C 211058		Due no later than Sep 30, 2018		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. ARGUS DENTAL & VISION, INC. CRYSTAL TEDROW 4010 W STATE ST TAMPA FL 33609		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705	
				3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PRESIDENT	NICHOLAS M KAVOUKLIS	4010 W STATE STREET	TAMPA	FL	33609
DIRECTOR	JEFFREY E PARSLow	4110 W STATE ST	TAMPA	FL	33609
5. Organized Under the Laws of: FL C 211058		6. Annual Report must be signed.* Signature: Crys al Tedrow Name (type or print): Crys al Tedrow Date: 08/29/2018 Title: Staff Accountant			
Processed 08/29/2018		* Electronically provided signatures are accepted as original signatures.			