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Jan 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 634976 (5)
1. Corporation Name
MAUTNER D.D.S., MILLER D.D.S. & OPPENHEIMER D.D.
S., P.A.



Principal Place of Business

Mailing Address

R D.D.S. P.A.
851 N.E. 167TH STREET
N. MIAMI BEACH FL 33162

2999 NE 191 STREET
SUITE 602
AVENTURA FL 33180
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified			
21	2999 NE 191 St.	26		09/04/1979			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number			
22	Suite 602	27		59-1947135			
City & State		City & State		Applied For			
23	Aventura, FL	28		Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired			
24	33180	25	DADE	29		30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAUTNER, RICHARD 851 N.E. 167TH STREET N. MIAMI BEACH FL 33162				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MAUTNER, RICHARD	1.2 NAME	
STREET ADDRESS	20223 NE 19TH PL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MILLER, GARY SCOTT	2.2 NAME	
STREET ADDRESS	2900 FAIRWAY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	OPPENHEIMER, STEVEN	3.2 NAME	
STREET ADDRESS	4845 NO. BAY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:

[Signature]

Richard Mautner 01/17/98

305 682-1795

CR2E034 (10/97)