

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N30019** (6)

1. Corporation Name  
**WEST DADE DENTAL SOCIETY, INC.**



Principal Place of Business Mailing Address  
C/O FIRPO H. GARCIA 13020 SW 88 TERRACE MIAMI FL 33186  
C/O FIRPO H. GARCIA 13020 SW 88 TERRACE MIAMI FL 33186

3. Date Incorporated or Qualified **12/30/1988** 3a. Date of Last Report **08/14/1995**  
4. FEI Number **65-0100640** 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

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, FIRPO H.  
13020 SW 88 TERRACE  
MIAMI FL 33145

81 Name **Francisco M. Granda**  
82 Street Address (P.O. Box Number is Not Acceptable) **11880 Bird Road**  
83 **Suite 303**  
84 City **Miami** FL 85 Zip Code **33175**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Francisco M. Granda* *Francisco M. Granda* Treasurer *13-March-96*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | D                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | GARCIA, FIRPO H.           |  |
| STREET ADDRESS | 13020 S.W. 88TH TERRACE    |  |
| CITY-ST-ZIP    | MIAMI FL 33186             |  |
| TITLE          | PD                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | RUIZ-CESTERO, SARABEL      |  |
| STREET ADDRESS | 8500 W. FLAGLER ST., B-202 |  |
| CITY-ST-ZIP    | MIAMI FL 33144             |  |
| TITLE          | PD                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | SALGUERIO, HERBERTO        |  |
| STREET ADDRESS | 7171 CORAL WAY             |  |
| CITY-ST-ZIP    | MIAMI FL                   |  |
| TITLE          | P                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | LLAMAS, LUIS               |  |
| STREET ADDRESS | 747 PONCE DE LEON AVE.     |  |
| CITY-ST-ZIP    | CORAL GABLES FL            |  |
| TITLE          | S                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | PERELMUTER, STEVEN         |  |
| STREET ADDRESS | 8720 N. DENDALL DR. #103   |  |
| CITY-ST-ZIP    | MIAMI FL 33176             |  |
| TITLE          | P                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | SIMBACO, RAFAEL D          |  |
| STREET ADDRESS | 3918 W. 12 AVE.            |  |
| CITY-ST-ZIP    | HIALEAH FL                 |  |

|                   |                              |  |
|-------------------|------------------------------|--|
| 11 TITLE          | P                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME           | Sabates, Cesar R.            |  |
| 13 STREET ADDRESS | 747 Ponce De Leon Blvd #23-B |  |
| 14 CITY-ST-ZIP    | Coral Gables, FL 33134       |  |
| 21 TITLE          | V                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME           | Molina, Raul G.              |  |
| 23 STREET ADDRESS | 10141 SW 40th ST             |  |
| 24 CITY-ST-ZIP    | Miami FL 33165               |  |
| 31 TITLE          | T                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME           | Granda, Francisco M.         |  |
| 33 STREET ADDRESS | 11880 Bird Road #303         |  |
| 34 CITY-ST-ZIP    | Miami FL 33175               |  |
| 41 TITLE          | S                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME           | Sanchez, Carlos A.           |  |
| 43 STREET ADDRESS | 7690 W. Flager ST            |  |
| 44 CITY-ST-ZIP    | Miami FL 33144               |  |
| 51 TITLE          | D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME           | Novoa, Joaquin J.            |  |
| 53 STREET ADDRESS | 5730 SW 74 Terr              |  |
| 54 CITY-ST-ZIP    | Miami FL 33143               |  |
| 61 TITLE          | D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62 NAME           | Villela, Bernardo            |  |
| 63 STREET ADDRESS | 8500 W. Flager ST #A-108     |  |
| 64 CITY-ST-ZIP    | Miami FL 33144               |  |

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Francisco M. Granda* *Francisco M. Granda* Treasurer *13-March-96*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *305-553-4844*

CR2E037 (12/95)