

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 17 PM 3:22

DOCUMENT # **P9200000273 (2)**

1. Corporation Name

**THE DENTAL PLACE, P.A.**

Principal Place of Business

**4800 NW 7TH AVENUE  
MIAMI FL 33127**

Mail Order Address

**4800 NW 7TH AVENUE  
MIAMI FL 33127**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/26/1992** 3a. Date of Last Report **04/25/1994**

4. FEI Number **65-0387605** 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. Route, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLIS, JACQUELINE E  
4800 NW 7TH AVENUE  
MIAMI FL 33127**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

**1745 NE 137 TERRACE**

83. City

**NORTH MIAMI**

FL

85. Zip Code **33181**

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 agent, 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 NAME  
102 STREET ADDRESS  
103 CITY, ST, ZIP

**D  
ELLIS, JACQUELINE E  
1745 NE 137TH TERRACE  
NORTH MIAMI FL 33181**

Change  Addition

101 NAME  
102 STREET ADDRESS  
103 CITY, ST, ZIP

**P  
GREENE, COLYN P.  
1745 NE 137 TERRACE  
NORTH MIAMI FL**

Change  Addition

101 NAME  
102 STREET ADDRESS  
103 CITY, ST, ZIP

Change  Addition

101 NAME  
102 STREET ADDRESS  
103 CITY, ST, ZIP

Change  Addition

101 NAME  
102 STREET ADDRESS  
103 CITY, ST, ZIP

Change  Addition

101 NAME  
102 STREET ADDRESS  
103 CITY, ST, ZIP

Change  Addition

101 NAME  
102 STREET ADDRESS  
103 CITY, ST, ZIP

Change  Addition

SIGNATURE: **COLYN GREENE** X *[Signature]*  
SIGNATURE AND TYPE OF OFFICE (NAME OF OFFICIAL OFFICER OR DIRECTOR)

**2/12/95 304/257-7963**