

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

**FILED**

**May 05 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000070228 (9)**

1. Corporation Name  
**DENTAL HEALTH MANAGEMENT, INC.**



Principal Place of Business Mailing Address  
**17301 N.W. 27 AVE. MIAMI FL 33058** **17301 N.W. 27 AVE. MIAMI FL 33056-4001**

3. Date Incorporated or Qualified **09/22/1994** 3a. Date of Last Report **06/04/1996**

2. Principal Place of Business 2a. Mailing Address  
21 **20295 N.W. 2ND AVE.** 26 **20295 N.W. 2ND AVE.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **65-0591535** Applied For Not Applicable

22 **210-220** 27 **210-220**  
City & State City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **MIAMI FLORIDA** 28 **MIAMI FLORIDA**  
Zip Country Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **33169** 25 **USA** 29 **33169** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRODY, JONATHAN E  
C/O ELLIS, SPENCER & BUTLER  
4601 SHERIDAN STREET, SUITE 505  
HOLLYWOOD FL 33021**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	<b>P BRODY, ROBERT A</b>
STREET ADDRESS	<b>308 W. RIVO ALTO DR.</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL 33139</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP BRODY, JONATHAN E</b>
STREET ADDRESS	<b>17 TAMOSHANTER LANE</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33308</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T GARCIA-LOREDO, YVONNE F</b>
STREET ADDRESS	<b>2313 W. 60TH STREET</b>
CITY - ST - ZIP	<b>HIALEAH FL 33016</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P BRODY, LAURENCE B.</b>
1.3 STREET ADDRESS	<b>6 WEST STAR ISLAND DR</b>
1.4 CITY - ST - ZIP	<b>MIAMI BEACH FL 33139</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VP BRODY, ROBERT A.</b>
2.3 STREET ADDRESS	<b>308 W. RIVO ALTO DR.</b>
2.4 CITY - ST - ZIP	<b>MIAMI BEACH FL 33139</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VP OF ADMINISTRATION</b>
3.3 STREET ADDRESS	<b>GARCIA-LOREDO, YVONNE F.</b>
3.4 CITY - ST - ZIP	<b>2313 W. 50TH STREET HIALEAH, FL 33016</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Robert Brody* **Robert Brody** 4-25-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)