

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000060280 (1)**

1. Corporation Name
DENTAL PROFESSIONAL SERVICES, INC.



Principal Place of Business Mailing Address
150 E. PALMETTO PARK ROAD BOCA RATON FL 33432

3. Date Incorporated or Qualified **08/04/1995** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **481 E. Hillsboro Blvd.** 26 **481 E. Hillsboro Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **200 A** 27 **200 A**
City & State City & State
23 **Deerfield Beach, FL** 28 **Deerfield Beach, FL**
Zip Country Zip Country
24 **33441** 25 **USA** 29 **33441** 30 **USA**

4. FEI Number **65-0600164** 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

9. Name and Address of Current Registered Agent
**GLICK, MICHAEL S
150 E. PALMETTO PARK ROAD
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
481 E. Hillsboro Blvd.
83 **Suite 200 A**
84 City **Deerfield Beach** FL 85 Zip Code **33441**

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: *Michael S Glick / pres.* DATE: **2/2/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSD <input type="checkbox"/> DELETE
NAME	GLICK, MICHAEL S
STREET ADDRESS	150 E. PALMETTO PARK RD.
CITY - ST - ZIP	BOCA RATON FL 33432
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	17675 Seaside Way
1.4 CITY - ST - ZIP	Boca Raton, FL 33496
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Michael S Glick / pres.* DATE: **2/2/96** DAYTIME PHONE # **954-469-0255**
(NOTE: Registered Agent signature required when reinstating)

CR2E034 (12/95)