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 # **P95000088951 (5)**

1. Corporation Name

FLORIDA MOBILE DENTISTRY GROUP, INC.

Principal Place of Business	Mailing Address
~~10975 S.W. 40TH STREET~~ ~~SUITE 332~~ ~~MIAMI FL 33165~~	~~10975 S.W. 40TH STREET~~ ~~SUITE 332~~ ~~MIAMI FL 33165~~

3. Date Incorporated or Qualified: 11/20/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1470 N.W. 107TH AVENUE	26 1470 N.W. 107TH AVENUE
Suite, Apt. #, etc. 22 SUITE #I	Suite, Apt. #, etc. 27 SUITE #I
City & State 23 MIAMI FLORIDA,	City & State 28 MIAMI FLORIDA,
Zip 24 33172 Country 25 USA	Zip 29 33172 Country 30 USA

4. FEI Number: 65-0623750 ☐ 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	10. Name and Address of New Registered Agent
JIMENEZ, HENRY ~~10975 S.W. 40TH ST.~~ ~~SUITE 332~~ ~~MIAMI FL 33165~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1470 N.W. 107TH AVENUE 83 SUITE # I 84 City: MIAMI **FL** 85 Zip Code: 33172

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 _____ DATE _____
Signature, typed or printed name of registered agent or officer (Required) (NOTE: Registered Agent signature is required when applicable.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JIMENEZ, HENRY ~~10975 S.W. 40TH ST. SUITE 332~~ ~~MIAMI FL 33165~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	1470 N.W. 107TH AVENUE SUITE #I MIAMI FLORIDA, 33172	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: _____ Henry Jimenez 4/29/96 477-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #