

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

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Jun 18, 1999 8:00 am
Secretary of State

06-18-1999 90008 026 ***550.00

01/9861/2

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091803

1. Corporation Name
ORTHODONTIX, INC.

Principal Place of Business
2222 PONCE DE LEON BLVD.
SUITE 300
CORAL GABLES FL 33134

Mailing Address
2222 PONCE DE LEON BLVD.
SUITE 300
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/30/1995

4. FEI Number
~~05-0643773~~ KOK
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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERMAN WOLFE & RENNERT, P.A.
ATTN: CHARLES J. RENNERT
100 S.E. SECOND STREET, 35TH FLOOR
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME HALPRYN, GLENN L
STREET ADDRESS 1428 BRICKELL AVE STE 105
CITY-ST-ZIP MIAMI FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPDT DELETE
NAME BRUMFIELD, CRAIG A
STREET ADDRESS 1428 BRICKELL AVE STE 105
CITY-ST-ZIP MIAMI FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPDS DELETE
NAME STEIN, RONALD M
STREET ADDRESS 1428 RBICKELL AVE STE 105
CITY-ST-ZIP MIAMI FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME DRESNICK, MD STEPHEN J
STREET ADDRESS 6855 S RED RD STE 400
CITY-ST-ZIP CORAL GABLES FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME MARSHAK, ANDREW
STREET ADDRESS 1428 BRICKELL AVE STE 105
CITY-ST-ZIP MIAMI FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME (See Attachment)
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

577729-90008-26
P95000091803

ORTHODONTICS, INC.
Officers and Directors

CHIEF EXECUTIVE OFFICER, CHIEF CLINICAL OFFICER, DIRECTOR
Dr. Stephen Grussmark
7400 N. Kendall Drive, Suite 604
Miami, Florida 33156

PRESIDENT, CHIEF OPERATING OFFICER, SECRETARY, TREASURY, DIRECTOR
F.W. Mort Guilford
2222 Ponce De Leon Blvd., Suite 300
Coral Gables, Florida, 33134

ACTING CHIEF FINANCIAL OFFICER
Edward Strongin
3225 Aviation Avenue
Miami, Florida 33133

DIRECTOR
Dr. Stephen Dresnick, MD
5835 Blue Lagoon Drive
4th Floor
Miami, Florida 33126

ACTING CHIEF FINANCIAL OFFICER
Edward Strongin
3225 Aviation Avenue
Miami, Florida 33133

DIRECTOR
Dr. William Thompson
6610 Riverwiew Boulevard West
Bradenton, Florida 34209

DIRECTOR
Glenn Halpryn
1428 Brickell Avenue
Miami, Florida 33131

DIRECTOR
Stephen Bittel
Terranova, Inc.
1200 Brickell Avenue, Suite 1500
Miami, Florida 33131

DIRECTOR
Gary Gerson, CPA
666 71st Street
Miami Beach, Florida 33141