PROFIT CORPORATION NNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILMENT # P980006950 V ration Name DENTAL Professional Group, INC. 280 SW 8TN ST. - SUITE 532

Jun 17, 1999 8:00 am Secretary of State

06-17-1999 90003 013 ***158.75 09-08-1999 90008 010 ***391.25

MIAMI FL	33/30			─	.ت. د	0. 4		
Place of Business	Mailing Address			613	5562 - 90008 -	10		
SW BTN 6T.	280 SW 8 TH	<i>5T</i> .					,	
£ 532	SUITE 532			DO NOT V	VRITE IN THI	S SPACE	•	
	MIAMI FL	33/3/)	3. Date Incorporated or Quali				
ni FL 33130	111111111111111111111111111111111111111			7-27-	98			
pal Place of Business	2a. Mailing Address			4. FEI Number	-	A	plied For	
26				65-0851776	<u> </u>		Not Applicable	
Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	Z X t	V =	3.75 Additional Fee Required 5.00 May Be Added to Fees	
State City & State				Election Campaign Financi Trúst Fund Contribution	ng 🗆	•		
Country	- Zip	Countr	y~	8. This corporation owes the c	current year Ir			
25	29	30		Personal Property Tax.		Yes	⊠No	
9. Name and Address of Curro	1 - · 1			10. Name and Address of Ne	w Registered	Agent		
Ardo GONZAIEZ		81	Name					
o su 8 th st.	_	82	Street Add	ress (P.O. Box Number is Not Acco	eptable)			
ITE 532		83	 					
inmi, FL 33130		84	City			85 Zip	Code	
ant to the provisions of Sections 607.05			'		<u>FI</u>		ropietorod	
Cinada a board or control name of tarticistated as	cent and little of applicable. (NOTE: I	Registered Age	nt signature requir	ed when reinstaling)	DATE			
Signature, typed or ponted name of registered as	gent and title if applicable. (NOTE: I	Registered Age	nt signature requir	ed when reinstaling)				
	AND DIRECTORS	13.		ed when reinstaling) ADDITIONS/CHANGES TO				
		13. 1.1 TITLE		ed when reinstaling) ADDITIONS/CHANGES TO		ND DIRECTO	ORS IN 12	
PRESIDENT ELIANA GONZAL	AND DIRECTORS DELETE	13. 1.1 TITLE 12 NAME		ed when reinstaling) ADDITIONS/CHANGES TO				
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eby 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 and 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 arror 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 it 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.