

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

17301 N.W. 27 AVE.
MIAMI FL 33056

Mailing Address

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

21 20295 N.W. 2ND AVE.

Suite, Apt. #, etc.

22 210-220

City & State

23 MIAMI FLORIDA

Zip

24 33169

Country

25 USA

2a. Mailing Address

26 20295 N.W. 2ND AVE.

Suite, Apt. #, etc.

27 210-220

City & State

28 MIAMI FLORIDA

Zip

29 33169

Country

30 USA

4. FEI Number

65-0591535

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

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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	BRODY, LAURENCE B.		
1.3 STREET ADDRESS	6 WEST STAR ISLAND DR		
1.4 CITY - ST - ZIP	MIAMI BEACH FL 33139		
2.1 TITLE	VP	Change	Addition
2.2 NAME	BRODY, ROBERT A.		
2.3 STREET ADDRESS	308 W. RIVO ALTO DR.		
2.4 CITY - ST - ZIP	MIAMI BEACH FL 33139		
3.1 TITLE	VP OF ADMINISTRATION	Change	Addition
3.2 NAME	GARCIA-LOREDO, YVONNE F.		
3.3 STREET ADDRESS	2313 W. 60TH STREET		
3.4 CITY - ST - ZIP	HIALEAH, FL 33016		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	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

4-25-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)