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May 16 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 # 482158 (3)

1. Corporation Name
H.L., D.D.S., INC.

Principal Place of Business

212 S.W. 12TH AVE.
MIAMI FL 33130

Mailing Address

212 S.W. 12TH AVE.
MIAMI FL 33130-2010



3. Date Incorporated or Qualified

08/05/1975

3a. Date of Last Report

02/09/1996

4. FEI Number

58-1612790

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEVINE, HOWARD
212 SW 12TH AVE
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

Henry C. Tie Shue

82 Street Address (P.O. Box Number is Not Acceptable)

5775 Blue Lagoon Drive, Suite 400

83

84 City

Miami,

FL

85 Zip Code

33126

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 of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☒ DELETE

NAME LEVINE, HOWARD
STREET ADDRESS 212 SW 12TH AVENUE
CITY-ST-ZIP MIAMI FL

TITLE TD ☒ DELETE

NAME LEVINE, HOWARD
STREET ADDRESS 212 SW 12TH AVENUE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 CEO/Director ☐ Change ☒ Addition

1.2 NAME Tie Shue, Henry C.

1.3 STREET ADDRESS 5775 Blue Lagoon Drive, Suite 400

1.4 CITY-ST-ZIP Miami, FL 33126

2.1 TITLE CDO/President/Director ☐ Change ☒ Addition

2.2 NAME Shapiro, Stanley

2.3 STREET ADDRESS 5775 Blue Lagoon Drive, Suite 400

2.4 CITY-ST-ZIP Miami, FL 33126

3.1 TITLE COO/Director ☐ Change ☒ Addition

3.2 NAME Levine, Howard

3.3 STREET ADDRESS 5775 Blue Lagoon Drive, Suite 400

3.4 CITY-ST-ZIP Miami, FL 33126

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Secretary/Director

4.3 STREET ADDRESS Hilinski, Scott F.

4.4 CITY-ST-ZIP 5775 Blue Lagoon Drive, Suite 400

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)