

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

FILED

Apr 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1975	
21	5775 Blue Lagoon Drive	26	5775 Blue Lagoon Drive	4. FEI Number 59-1612790	Applied For Not Applicable
22	Suite, Apt. #, etc. 400	27	Suite, Apt. #, etc. 400	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	City & State Miami, Fl.	28	City & State Miami, Fl.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 33126	29	Zip 33126	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		Country U.S.A.			
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SHUE, HENRY C TIE 5775 BLUE LAGOON DR SUITE 400 MIAMI FL 33126				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.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	C/D
NAME	TIE SHUE, HENRY C	1.2 NAME	Tie Shue, Henry C.
STREET ADDRESS	5775 BLUE LAGOON DR, SUITE 400	1.3 STREET ADDRESS	5775 Blue Lagoon Drive #400
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl. 33126
TITLE	CDOP	2.1 TITLE	CEO/P/D
NAME	SHAPIRO, STANLEY	2.2 NAME	Shapiro, Stanley I.
STREET ADDRESS	5775 BLUE LAGOON DR, SUITE 400	2.3 STREET ADDRESS	5775 Blue Lagoon Drive #400
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fl. 33126
TITLE	COOD	3.1 TITLE	VC/D
NAME	LEVINE, HOWARD	3.2 NAME	Levine, Howard
STREET ADDRESS	5775 BLUE LAGOON DR, SUITE 400	3.3 STREET ADDRESS	5775 Blue Lagoon Drive #400
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Fl. 33126
TITLE	SD	4.1 TITLE	D
NAME	HILINSKI, SCOTT F	4.2 NAME	Hilinski, Scott F.
STREET ADDRESS	5775 BLUE LAGOON DR, SUITE 400	4.3 STREET ADDRESS	50 Kennedy Plaza
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Providence, RI 02903
TITLE		5.1 TITLE	S
NAME		5.2 NAME	Berman, Marla I.
STREET ADDRESS		5.3 STREET ADDRESS	5775 Blue Lagoon Drive #400
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, Fl. 33126
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Gorman Michael A.
STREET ADDRESS		6.3 STREET ADDRESS	50 Kennedy Plaza
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Providence, RI 02903

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 supplementary 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:

11/22/98 (305) 262-1232

CR2E034 (10/97)

**13. Additions/Changes to Officers and Directors in 12.**

1.1. Title	D
1.2. Name	Breier, Robert G.
1.3. Street Address	1320 South Dixie Highway, Suite 830
1.4. City-St-Zip	Coral Gables, Fl. 33146