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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90094 010 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 482158

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

Principal Place of Business
**5775 BLUE LAGOON DRIVE
400
MIAMI FL 33126
US**

Mailing Address
**5775 BLUE LAGOON DRIVE
400
MIAMI FL 33126
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1975

4. FEI Number

59-1612790

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SHUE, HENRY C TIE
5775 BLUE LAGOON DR
SUITE 400
MIAMI FL 33126**

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**CD
TIE SHUE, HENRY C
5775 BLUE LAGOON DR, SUITE 400
MIAMI FL 33126**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**CEOP
SHAPIRO, STANLEY
5775 BLUE LAGOON DR, SUITE 400
MIAMI FL 33126**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VCD
LEVINE, HOWARD
5775 BLUE LAGOON DR, SUITE 400
MIAMI FL 33126**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
HILINSKI, SCOTT F
50 KENNEDY PLAZA
PROVIDENCE RI 02903**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S
BERMAN, MARLA I.
5775 BLUE LAGOON DRIVE #400
MIAMI FL 33126**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
GORMAN, MICHAEL A.
50 KENNEDY PLAZA
PROVIDENCE RI 02903**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DCEOP

Shapiro, Stanley-I.

5775 Blue Lagoon Drive, Suite 400

Miami, FL 33126

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

Breier, Robert G.

2800 Ponce De Leon Blvd., Suite 1125

Coral Gables, FL 33134-6912

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date

(305) 262-1333

Daytime Phone #

CR2E034 (11/98)