

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000001080 (8)

1. Corporation Name

DENTAL IMPLANTOLOGY OF AMERICA INC.

Principal Place of Business

250 E. DANIA BEACH BLVD  
DANIA FL 33004

Mailing Address

250 E. DANIA BEACH BLVD  
DANIA FL 33004-3027

3. Date Incorporated or Qualified

03/04/1996

3a. Date of Last Report

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

4. FEI Number

65-0636121

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

SCHOPLER, THOMAS DR  
250 E. DANIA BEACH BLVD  
DANIA FL 33004

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 C  
NAME HARROUFF, MENA  
STREET ADDRESS 880 US HWY 1, SUITE 101  
CITY-ST-ZIP N. PALM BEACH FL  
☒ DELETE

TITLE P  
NAME SCHOPLER, THOMAS DR  
STREET ADDRESS 1242 TYLER ST 1118 N. NORTLAKE DRIVE  
CITY-ST-ZIP HOLLYWOOD FL 33019  
☐ DELETE

TITLE ST  
NAME SCHOPLER, THERESA  
STREET ADDRESS 1242 TYLER ST 1118 N. NORTLAKE DRIVE  
CITY-ST-ZIP HOLLYWOOD FL 33019  
☐ DELETE

TITLE V  
NAME HARROUFF, WADE DR  
STREET ADDRESS 880 US HWY 1  
CITY-ST-ZIP N. PALM BEACH FL  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. DIRECTOR CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DR. CLAUDIO MIRD  
1.2 NAME  
1.3 STREET ADDRESS 780 N W 42ND AVE SUITE 527  
1.4 CITY-ST-ZIP MIAMI FL  
☐ Change ☒ Addition

2.1 TITLE DIRECTOR & VICE PRESIDENT  
2.2 NAME DR. ANTHONY OTERO  
2.3 STREET ADDRESS 780 N W 42ND AVE SUITE 527  
2.4 CITY-ST-ZIP MIAMI, FL  
☐ 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 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] 7/23/97 954 977 1997

FILED  
Jul 23 1997 8:00am  
Secretary of State



CR2E034 (9/96)