FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G33704** **(9)**

1. Corporation Name

ORAL HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
5775 NW BLUE LAGOON DRIVE SUIET 400 MIAMI FL 33126	5775 NW BLUE LAGOON DRIVE SUIET 400 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/18/1983**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-1958717** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

TIE SHUE, HENRY C.
5775 NW BLUE LAGOON DRIVE
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President	XX Change ☐ Addition
NAME	BERKOWITZ, HARRY, DR.	1.2 NAME	Shapiro, Stanley, D.D.S.	
STREET ADDRESS	2225 NE 204TH STREET	1.3 STREET ADDRESS	8421 S.W. 114 Street	
CITY-ST-ZIP	NORTH MIAMI BCH FL	1.4 CITY-ST-ZIP	Miami, FL 33156	
TITLE	VD	2.1 TITLE	Vice President	XX Change ☐ Addition
NAME	TIE SHUE, HENRY C.	2.2 NAME	Levine, Howard, D.D.S.	
STREET ADDRESS	10645 SW 186TH TERRACE	2.3 STREET ADDRESS	12101 S.W. 89th Avenue	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE	SD	3.1 TITLE	Secretary	XX Change ☐ Addition
NAME	KRASNE, LAWRENCE, DR.	3.2 NAME	Nattboy, Gerald, D.D.S.	
STREET ADDRESS	1980 NE 191 DRIVE	3.3 STREET ADDRESS	1421 S.W. 116th Avenue	
CITY-ST-ZIP	NORTH MIAMI BCH FL	3.4 CITY-ST-ZIP	Pembroke Pines, FL 33025	
TITLE	TD	4.1 TITLE	Treasurer	☐ Change ☐ Addition
NAME	RUBIN, DAVID, DR.	4.2 NAME	Rubin, David, D.D.S.	
STREET ADDRESS	8544 SW 115TH COURT	4.3 STREET ADDRESS	8544 S.W. 115 Court	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33173	
TITLE	D	5.1 TITLE	Director/C.E.O.	X Change ☐ Addition
NAME	ALENIER, CHARLES, DR.	5.2 NAME	Tie Shue, Henry C.	
STREET ADDRESS	9735 NW 52ND STREET #502	5.3 STREET ADDRESS	126 Orquidea Avenue	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33143	
TITLE	D	6.1 TITLE	Director	X Change ☐ Addition
NAME	BIRNS, EDWIN, DR.	6.2 NAME	Alenier, Charles, D.D.S.	
STREET ADDRESS	12385 KEYSTONE ISLD.DR.	6.3 STREET ADDRESS	9735 N.W. 52 Street, #502	
CITY-ST-ZIP	NORTH MIAMI,F L	6.4 CITY-ST-ZIP	Miami, FL 33178	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/25/95 305-262-1333
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0123443 CP