FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **04/18/1983**

3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business (21):

Suite, Apt. #, etc. (22):

City & State (23):

Zip (24): Country (25):

2a. Mailing Address (26):

Suite, Apt. #, etc. (27):

City & State (28):

Zip (29): Country (30):

4. FEI Number: **59-1958717** ☐ 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

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 — New Registered Agent's Signature, if changed — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRES	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHAPIRO, STANLEY D		1.2 NAME		
STREET ADDRESS	8421 SW 114TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, HOWARD D		2.2 NAME		
STREET ADDRESS	12101 SW 89TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	SEC	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NATTBOY, GERALD DDS		3.2 NAME		
STREET ADDRESS	1421 SW 116TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP		
TITLE	TRES	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	RUBIN, DAVID D		4.2 NAME	ESTATE OF DAVID RUBIN	
STREET ADDRESS	8544 SW 115TH COURT		4.3 STREET ADDRESS	8544 SW 115th COURT	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	DCEO	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TIE SHUE, HENRY C		5.2 NAME		
STREET ADDRESS	126 ORQUIDEA AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ALENIER, CHARLES D		6.2 NAME		
STREET ADDRESS	9735 NW 52ND STREET #502		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: _____ Apr. 30, 1996 262-1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HENRY C. TIE SHUE, CEO

BOARD OF DIRECTORS NAMES AND ADDRESSES

Dir. Dr. Melvin Gober
30720 Old Still Lane
Ft. Lauderdale, FL 33331
(954) 384-6691

Dir Dr. Harvey Caplin
2800 Island Blvd., Apt. 2803
Williams Island, FL 33160
(305) 935-4402

Dir Jerome Summers
6260 SW 118th Terrace
Miami, FL 33156

Dir Norman Russ
9350 West Bay Harbor Drive
Bay Harbor, FL 33154

Dir Edwin Birns
21300 An Simeon Way N2
North Miami Beach, FL 33179

Dir Harry Berkowitz
2225 NE 204th Street
North Miami Beach, FL 33180

Dir Lawrence Krasne
1980 NE 191 Drive
North Miami Beach, FL 33179
(305) 932-3657
Acting Treasurer

Dir Alvin Krasne
4801 Taylor Street
Hollywood, FL 33021
(954) 987-1104