

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 5775 NW BLUE LAGOON DRIVE SUITE 400 MIAMI FL 33126	Mailing Address 5775 NW BLUE LAGOON DRIVE SUITE 400 MIAMI FL 33126-2059
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1983	3a. Date of Last Report 05/01/1996
21. Sarc. Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1958717		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TIE SHUE, HENRY C. 5775 NW BLUE LAGOON DRIVE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CEO/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAPIRO, STANLEY D	1.2 NAME	Tie Shue, Henry C.
STREET ADDRESS	8421 SW 114TH STREET	1.3 STREET ADDRESS	5775 Blue Lagoon Drive, Suite 400
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Florida 33126
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CD0/President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, HOWARD D	2.2 NAME	Shapiro, Stanley
STREET ADDRESS	12101 SW 89TH AVENUE	2.3 STREET ADDRESS	5775 Blue Lagoon Drive, Suite 400
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Florida 33126
TITLE	SEC <input checked="" type="checkbox"/> DELETE	3.1 TITLE	COO/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATTBOY, GERALD DDS	3.2 NAME	Levine, Howard
STREET ADDRESS	1421 SW 118TH AVENUE	3.3 STREET ADDRESS	5775 Blue Lagoon Drive, Suite 400
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	Miami, Florida 33126
TITLE	TRES <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTATE OF DAVID RUBIN	4.2 NAME	Hilinski, Scott F.
STREET ADDRESS	8544 SW 115TH COURT	4.3 STREET ADDRESS	5775 Blue Lagoon Drive, Suite 400
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, Florida 33126
TITLE	DCEO <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

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 AND TYPE, OR PRINTED NAME, OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)