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FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 **5775 NW BLUE LAGOON DRIVE**
SUITE 400 **SUITE 400**
MIAMI FL 33126 **MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1983	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1958717	
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		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	CEO/P/D
NAME	SHAPIRO, STANLEY D	1.2 NAME	Shapiro, Stanley I.
STREET ADDRESS	5775 BLUE LAGOON DR SUITE 400	1.3 STREET ADDRESS	5775 Blue Lagoon Drive #400
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL. 33126
TITLE	COO	2.1 TITLE	VC/D
NAME	LEVINE, HOWARD D	2.2 NAME	Levine, Howard
STREET ADDRESS	5775 BLUE LAGOON DR SUITE 400	2.3 STREET ADDRESS	5775 Blue Lagoon Drive #400
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL. 33126
TITLE	SD	3.1 TITLE	D
NAME	HILINSKI, SCOTT F	3.2 NAME	Hilinski, Scott F.
STREET ADDRESS	5775 BLUE LAGOON DR SUITE 400	3.3 STREET ADDRESS	50 Kennedy Plaza
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Providence, RI 02903
TITLE	CEO	4.1 TITLE	C/D
NAME	TIE SHUE, HENRY C	4.2 NAME	Tie Shue, Henry C.
STREET ADDRESS	5775 BLUE LAGOON DR SUITE 400	4.3 STREET ADDRESS	5775 Blue Lagoon Drive #400
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL. 33126
TITLE		5.1 TITLE	S
NAME		5.2 NAME	Berman, Marla I.
STREET ADDRESS		5.3 STREET ADDRESS	5775 Blue Lagoon Drive #400
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL. 33126
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Gorman, Michael A.
STREET ADDRESS		6.3 STREET ADDRESS	50 Kennedy Plaza
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Providence, RI 02903

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.

SIGNATURE

CR2E034 (10/97)

13. Additions/Changes to Officers and Directors In 12.

1.1. Title	D
1.2. Name	Breier, Robert G.
1.3. Street Address	1320 South Dixie Highway, Suite 830
1.4. City-St-Zip	Coral Gables, Fl. 33146