

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G33704**

1. Entity Name

ORAL HEALTH SERVICES, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90108 021 ***150.00

Principal Place of Business

Mailing Address

**5775 NW BLUE LAGOON DRIVE
SUITE 400
MIAMI FL 33126****5775 NW BLUE LAGOON DRIVE
SUITE 400
MIAMI FL 33126-2059****803400**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1958717**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TIE SHUE, HENRY C.
5775 NW BLUE LAGOON DRIVE
SUITE 400
MIAMI FL 33126**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOP	<input type="checkbox"/> Delete
NAME	SHAPIRO, STANLEY D	
STREET ADDRESS	5775 BLUE LAGOON DR SUITE 400	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	CEOPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shapiro, Stanley I.	
STREET ADDRESS	5775 Blue Lagoon Drive #400	
CITY-ST-ZIP	Miami, FL. 33126	

TITLE	VCD	<input type="checkbox"/> Delete
NAME	LEVINE, HOWARD D	
STREET ADDRESS	5775 BLUE LAGOON DR SUITE 400	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levine, Howard	
STREET ADDRESS	5775 Blue Lagoon Drive #400	
CITY-ST-ZIP	Miami, FL 33126	

TITLE	D	<input type="checkbox"/> Delete
NAME	HILINSKI, SCOTT F	
STREET ADDRESS	50 KENNEDY PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input type="checkbox"/> Delete
NAME	TIE SHUE, HENRY C	
STREET ADDRESS	5775 BLUE LAGOON DR SUITE 400	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	BERMAN, MARLA I.	
STREET ADDRESS	5775 BLUE LAGOON DRIVE #400	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	GORMAN, MICHAEL A.	
STREET ADDRESS	50 KENNEDY PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY I. SHAPIRO, President & CEO1/25/00 (305) 262-1333
Date Daytime Phone #