

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:44

DOCUMENT # **H73486** (3)

1. Corporation Name
DENTAL RESOURCES, INC.

Principal Place of Business	Mailing Address
SUITE A102 9485 SUNSET DRIVE MIAMI FL 33173	SUITE A102 9485 SUNSET DRIVE MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/28/1985	3a. Date of Last Report 02/22/1994
--------------------------------------------------------	----------------------------------------------

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number 59-2595894	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---------------------------------------------------------

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
--------------------------------------------------------	------------------------------------------------------

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------------------------------------------------------------	---------------------------------------------------------------------

9. Name and Address of Current Registered Agent

**BARBAKOFF, MARC L.
2450 N.E. MIAMI GARDENS DRIVE
2ND FLOOR
MIAMI FL 33180**

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, Title or printed name of registered agent and title of applicant) (Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROTHSTEIN, DR. RICHARD
STREET ADDRESS	11600 S.W. 98TH TERRACE
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	STEINBERG, SEYMOUR
STREET ADDRESS	13220 N. CALUSA CLUB DR
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

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)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the executor or trustee responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, if on an attachment with an address.

SIGNATURE: _____
PRINT NAME AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1/9/95 305-598-2106