

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K75634

(1)

1. Corporation Name

PROMENADE DENTAL CENTER, INC.

Principal Place of Business

**5775 NW BLUE LAGOON DR., SUITE 400
MIAMI FL 33126**

Mailing Address

**5775 NW BLUE LAGOON DR., SUITE 400
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/27/1989

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0117160

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE SHUE, HENRY C
5775 NW BLUE LAGOON DR STE 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

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	DP
NAME	RUBIN, DAVID
STREET ADDRESS	8544 SW 115 COURT
CITY - ST - ZIP	MIAMI FL
TITLE	DV
NAME	BERKOWITZ, HARRY
STREET ADDRESS	2225 NE 204 ST.
CITY - ST - ZIP	N. MIAMI BCH. FL
TITLE	D
NAME	LEVINE, HOWARD
STREET ADDRESS	12101 SW 89TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	KRASNE, LAWRENCE
STREET ADDRESS	1980 NE 191 DR.
CITY - ST - ZIP	N. MIAMI BCH. FL
TITLE	D
NAME	KRASNE, LAWRENCE
STREET ADDRESS	1980 NE 191 DR.
CITY - ST - ZIP	N. MIAMI BCH. FL
TITLE	D
NAME	BIRNS, EDWIN
STREET ADDRESS	21300 SAN SIMEON WAY N2
CITY - ST - ZIP	N. MIAMI BCH. FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an attachment with this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature Page 8)