

**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

APPROVED  
AND  
FILED

95 APR 28 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L18070**

**(7)**

1. Corporation Name

**DENTAL DELIVERY SYSTEMS, INC.**

Principal Place of Business

**5775 NW BLUE LAGOON DR.  
STE. 400  
MIAMI FL 33126  
US**

Mailing Address

**5775 NW BLUE LAGOON DR.  
STE. 400  
MIAMI FL 33126  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**09/18/1989**

3a. Date of Last Report

**04/08/1994**

4. FEI Number

**65-0360766**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be**

Trust Fund Contribution

☐

**Added to Fees**

6. The corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SEMET, LICKSTEIN, MORGENSTERN & BERGER  
201 ALHAMBRA CIRCLE  
SUITE 1200  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS           | CITY - ST - ZIP |
|-------|------------------|--------------------------|-----------------|
| PD    | RUBIN, DAVID     | 8986 S.W. 87TH CT. STE 3 | MIAMI FL        |
| SD    | GOBER, MEL       | 8986 S.W. 87TH CT. STE 3 | MIAMI FL        |
| DV    | SHUE, HENRY TIE  | 5775 N.W. BLUE LAGOON DR | MIAMI FL        |
| DT    | BERKOWITZ, HARRY | 500 S. FEDERAL HWY       | HOLLYWOOD FL    |
|       |                  |                          |                 |
|       |                  |                          |                 |
|       |                  |                          |                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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)(d), 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:

*Harry Berkowitz*  
SIGNATURE AND TYPED IN PRINT NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

(605) 262-1333

Date

Telephone Number