FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L18070 (7)

1. Corporation Name

DENTAL DELIVERY SYSTEMS, INC.

Principal Place of Business	Mailing Address
5775 NW BLUE LAGOON DR. STE. 400 MIAMI FL 33126 US	5775 NW BLUE LAGOON DR. STE. 400 MIAMI FL 33126 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/18/1989
3a. Date of Last Report: 04/28/1995
4. FEI Number: 65-0360766 ☐ 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

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: Michael Bileca
82 Street Address (P.O. Box Number is Not Acceptable): 5805 Blue Lagoon Drive
83 Suite 170
84 City: Miami FL 85 Zip Code: 33126

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: Mul Bileca   DATE: 4/20/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	RUBIN, DAVID	8966 S.W. 87TH CT. STE 3	MIAMI FL	☒
SD	GOBER, MEL	8966 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

#	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change / Addition
1					☐ ☐
2	PD	Mel Gober	6600 W12th ave	Hialeah Fl	☐ ☐
3					☐ ☐
4					☐ ☐
5					☐ ☐
6					☐ ☐

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)