

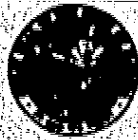
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # L42505 (2)**

**1. Corporation Name  
SOUTH FLORIDA DENTAL ASSOCIATES, INC.**

**Principal Place of Business Mailing Address  
15200 CARTER RD #301 DELRAY BEACH FL 33446  
15200 CARTER RD #301 DELRAY BEACH FL 33446**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 01/16/1990  
3a. Date of Last Report 03/22/1994**

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

**4. FEI Number 65-0177569 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**  
**6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No**

**9. Name and Address of Current Registered Agent**

**PINE, PHILIP  
1600 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33060**

**10. Name and Address of New Registered Agent**

**81 Name BRETT W. SHECTER, DMD  
82 Street Address (P.O. Box Number is Not Acceptable) 15200 CARTER RD.  
83 #301  
84 City DELRAY BEACH FL 85 Zip Code 33446**

**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] BRETT W. SHECTER, DMD.  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>PINE, PHILIP</b>
<b>STREET ADDRESS</b>	<b>15200 CARTER ROAD</b>
<b>CITY - ST - ZIP</b>	<b>DELRAY BEACH FL</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>SHECTER, BRETT</b>
<b>STREET ADDRESS</b>	<b>15200 CARTER ROAD</b>
<b>CITY - ST - ZIP</b>	<b>DELRAY BEACH FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	<b>SHECTER, BRETT</b>	
<b>1.3 STREET ADDRESS</b>	<b>15200 CARTER RD.</b>	
<b>1.4 CITY - ST - ZIP</b>	<b>DELRAY BEACH, FL 33446</b>	
<b>2.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>		
<b>2.3 STREET ADDRESS</b>		
<b>2.4 CITY - ST - ZIP</b>		
<b>3.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>		
<b>3.3 STREET ADDRESS</b>		
<b>3.4 CITY - ST - ZIP</b>		
<b>4.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>		
<b>4.3 STREET ADDRESS</b>		
<b>4.4 CITY - ST - ZIP</b>		
<b>5.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>		
<b>5.3 STREET ADDRESS</b>		
<b>5.4 CITY - ST - ZIP</b>		
<b>6.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>		
<b>6.3 STREET ADDRESS</b>		
<b>6.4 CITY - ST - ZIP</b>		

**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 110.07(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] 4-12-95 407-495-5816  
Signature and typed or printed name of signing officer or director Date Daytime Phone #**