COR ANNU	PROFIT PORATION IAL REPORT		ORIDA DEPARTMI Sandra B. M Socretary of DIVIS:ON OF COR	ortham <sup>r</sup> State			
DOCUN 1. Corporation	MENT # L5844	4	(5)				
•	DENTAL CENTER, INC.		, ,				
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Principal Place 8870 NW 1 MIAMI FL 3 US	96 STREET		iress W 196 STREET FL 33015		1 10 2 11 21 1 21 1 21 1 21 1 21 1 21 1	11911 <b>4</b> 191 <b>6</b> 1811	aran aran bibit Bibit 161
		. ,			<ol> <li>Date Incorporated or Qualified 03/20/1990</li> </ol>		e of Last Report <b>04/10/1995</b>
2. Principal Pla 1	ce of Business	<b>2a.</b> Mailing <b>26</b>	Arl-fress		4. FEI Number 65-0182517		Applied For
Suite, Apt. #	, etc	··· • · · · · · ·	pt. #, etc.		5. Gertificate of Status Desired		Not Applicable  \$8.75 Additional
Orty & State		City 8 S	tate		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be
Zip 1	Country 25 9. Name and Address of Current	Z <sub>i</sub> p	30	Country	8. This corporation has liability for	intangible ta	Added to Fees ax under s 199.032,
				84 Orty		FL	85 Zip Code
familiar with	the provisions of Sections 607.0502 a d agent, or both, in the State of Florida i, and accept the obligations of, Section			84 Oity	oration submits this statement for the purant of directors. Thereby accept the app		
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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 trusted 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: Supply Herman Herman Free or Printed NAME OF POINTED NAME OF POIN