FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:56

DOCUMENT # L74770 (3)

1. Corporation Name
DENTAL ADMINISTRATORS, INC.

Principal Place of Business	Mailing Address
% KTG& S REGISTERED AGENT CORP 1401 BRICKELL AVE., STE. 700 MIAMI FL 33131	% KTG& S REGISTERED AGENT CORP 1401 BRICKELL AVE., STE. 700 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1990
3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0225781 — 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 — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE., STE. 700
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Henry C. Tie Shue
82 Street Address (P.O. Box Number is Not Acceptable): 5775 Blue Lagoon Drive
83 Ste 400
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: [signature] 4/24/95

12. OFFICERS AND DIRECTORS	
TITLE	DT
NAME	RUBIN, DAVID
STREET ADDRESS	5775 BLUE LAGOON DR #400
CITY-ST-ZIP	MIAMI FL
TITLE	DS
NAME	ALENIER, CHARLES
STREET ADDRESS	5775 BLUE LAGOON DR #400
CITY-ST-ZIP	MIAMI FL
TITLE	DP
NAME	TIE SHUE, HENRY
STREET ADDRESS	5775 BLUE LAGOON DR #400
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (blank) ☐ Change ☐ Addition

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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] 4/24/95 305-262-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130699 CP