

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L74770

(3)

1. Corporation Name

DENTAL ADMINISTRATORS, INC.



Principal Place of Business

Mailing Address

5775 NW BLUE LAGOON DR.
SUITE 400
MIAMI FL 33126
US

5575 NW BLUE LAGOON DR
SUITE 400
MIAMI FL 33126-2029
US

3. Date Incorporated or Qualified

05/21/1990

3a. Date of Last Report

05/01/1996

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

g. Name and Address of Current Registered Agent

SHUE, HENRY C. TIE
5775 BLUE LAGOON DRIVE
STE. 400
MIAMI FL 33126

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DT

☒ DELETE

NAME

ESTATE OF DAVID RUBIN

STREET ADDRESS

8544 SW 115TH COURT

CITY- ST- ZIP

MIAMI FL

TITLE

DS

☒ DELETE

NAME

ALENIER, CHARLES

STREET ADDRESS

5775 BLUE LAGOON DR #400

CITY- ST- ZIP

MIAMI FL

TITLE

DP

☒ DELETE

NAME

TIE SHUE, HENRY

STREET ADDRESS

5775 BLUE LAGOON DR #400

CITY- ST- ZIP

MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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STREET ADDRESS

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STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CEO/Director

☐ Change

☒ Addition

1.2 NAME

Tie Shue, Henry C.

1.3 STREET ADDRESS

5775 Blue Lagoon Drive, Suite 400

1.4 CITY- ST- ZIP

Miami, Florida 33126

2.1 TITLE

CDO/President/Director

☐ Change

☒ Addition

2.2 NAME

Shapiro, Stanley

2.3 STREET ADDRESS

5775 Blue Lagoon Drive, Suite 400

2.4 CITY- ST- ZIP

Miami, Florida 33126

3.1 TITLE

COO/Director

☐ Change

☒ Addition

3.2 NAME

Levine, Howard

3.3 STREET ADDRESS

5775 Blue Lagoon Drive, Suite 400

3.4 CITY- ST- ZIP

Miami, Florida 33126

4.1 TITLE

Secretary/Director

☐ Change

☒ Addition

4.2 NAME

Hilinski, Scott F.

4.3 STREET ADDRESS

5775 Blue Lagoon Drive, Suite 400

4.4 CITY- ST- ZIP

Miami, Florida 33126

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-mn Phone #

0185297

CR2E034 (9/96)