**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Apr 30 1998 8:00am
Secretary of State

DOCUMENT # L74770 (3)

1. Corporation Name
**DENTAL ADMINISTRATORS, INC.**

Principal Place of Business
5775 NW BLUE LAGOON DR.
SUITE 400
MIAMI FL 33126
US

Mailing Address
5575 NW BLUE LAGOON DR
SUITE 400
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1990

2. Principal Place of Business — 21
2a. Mailing Address — 26: 5775 Blue Lagoon Dr.
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27: 400
City & State — 23
City & State — 28: Miami, Fl.
Zip — 24
Country — 25
Zip — 29: 33126
Country — 30: U.S.A.

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. 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

CR2E034 (10/97)

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | COOD | ☐ DELETE |
| NAME | LEVINE, HOWARD | |
| STREET ADDRESS | 5775 BLUE LAGOON DR SUITE 200 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | CPD | ☐ DELETE |
| NAME | SHAPIRO, STANLEY | |
| STREET ADDRESS | 5775 BLUE LAGOON DR #400 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | CEOD | ☐ DELETE |
| NAME | TIE SHUE, HENRY | |
| STREET ADDRESS | 5775 BLUE LAGOON DR #400 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | SD | ☒ DELETE |
| NAME | HILINSKI, SCOTT F | |
| STREET ADDRESS | 5775 BLUE LAGOON DR SUITE 400 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| 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 | VC/D | ☒ Change ☐ Addition |
| 1.2 NAME | Levine, Howard | |
| 1.3 STREET ADDRESS | 5775 Blue Lagoon Drive #400 | |
| 1.4 CITY-ST-ZIP | Miami, Fl. 33126 | |
| 2.1 TITLE | CEO/P/D | ☒ Change ☐ Addition |
| 2.2 NAME | Shapiro, Stanley I. | |
| 2.3 STREET ADDRESS | 5775 Blue Lagoon Drive #400 | |
| 2.4 CITY-ST-ZIP | Miami, Fl. 33126 | |
| 3.1 TITLE | C/D | ☒ Change ☐ Addition |
| 3.2 NAME | Tie Shue, Henry C. | |
| 3.3 STREET ADDRESS | 5775 Blue Lagoon Drive #400 | |
| 3.4 CITY-ST-ZIP | Miami, Fl. 33126 | |
| 4.1 TITLE | S | ☐ Change ☒ Addition |
| 4.2 NAME | Berman, Marla I. | |
| 4.3 STREET ADDRESS | 5775 Blue Lagoon Drive #400 | |
| 4.4 CITY-ST-ZIP | Miami, Fl. 33126 | |
| 5.1 TITLE | D | ☐ Change ☒ Addition |
| 5.2 NAME | Gorman, Michael A. | |
| 5.3 STREET ADDRESS | 50 Kennedy Plaza | |
| 5.4 CITY-ST-ZIP | Providence, RI 02903 | |
| 6.1 TITLE | D | ☐ Change ☒ Addition |
| 6.2 NAME | Hilinski, Scott F. | |
| 6.3 STREET ADDRESS | 50 Kennedy Plaza | |
| 6.4 CITY-ST-ZIP | Providence, RI 02903 | |

14. I 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] 11/28/08 (305) 262-1333

## 13. Additions/Changes to Officers and Directors in 12.

| | |
|---|---|
| 1.1. Title | D |
| 1.2. Name | Breier, Robert G. |
| 1.3. Street Address | 1320 South Dixie Highway, Suite 830 |
| 1.4. City-St-Zip | Coral Gables, Fl. 33146 |