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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

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 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 5775 Blue Lagoon Dr.	3. Date Incorporated or Qualified 05/21/1990	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 400	4. FEI Number 65-0225781	Applied For Not Applicable
City & State 23	City & State 28 Miami, Fl.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 33126 / 30 U.S.A.	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COOD	☐ DELETE	1.1 TITLE	VC/D	☒ Change ☐ Addition
NAME	LEVINE, HOWARD		1.2 NAME	Levine, Howard	
STREET ADDRESS	5775 BLUE LAGOON DR SUITE 200		1.3 STREET ADDRESS	5775 Blue Lagoon Drive #400	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, Fl. 33126	
TITLE	CPD	☐ DELETE	2.1 TITLE	CEO/P/D	☒ Change ☐ Addition
NAME	SHAPIRO, STANLEY		2.2 NAME	Shapiro, Stanley I.	
STREET ADDRESS	5775 BLUE LAGOON DR #400		2.3 STREET ADDRESS	5775 Blue Lagoon Drive #400	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Fl. 33126	
TITLE	CEOD	☐ DELETE	3.1 TITLE	C/D	☒ Change ☐ Addition
NAME	TIE SHUE, HENRY		3.2 NAME	Tie Shue, Henry C.	
STREET ADDRESS	5775 BLUE LAGOON DR #400		3.3 STREET ADDRESS	5775 Blue Lagoon Drive #400	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, Fl. 33126	
TITLE	SD	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	HILINSKI, SCOTT F		4.2 NAME	Berman, Marla I.	
STREET ADDRESS	5775 BLUE LAGOON DR SUITE 400		4.3 STREET ADDRESS	5775 Blue Lagoon Drive #400	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, Fl. 33126	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Gorman, Michael A.	
STREET ADDRESS			5.3 STREET ADDRESS	50 Kennedy Plaza	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Providence, RI 02903	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Hilinski, Scott F.	
STREET ADDRESS			6.3 STREET ADDRESS	50 Kennedy Plaza	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Providence, RI 02903	

CR2E034 (10/97)

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] 4/28/98 (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