FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED 1-2
96 MAY 1 PM 5:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L79281** **(6)**

1. Corporation Name

DENTAL NETWORK, INC.

Principal Place of Business	Mailing Address
~~C/O RTGS REGISTERED AGENT CORPORATION~~ ~~1401 BRICKELL AVE., STE. 700~~ ~~MIAMI FL 33131~~	~~C/O RTGS REGISTERED AGENT CORPORATION~~ ~~1401 BRICKELL AVE., STE. 700~~ ~~MIAMI FL 33131~~

3. Date Incorporated or Qualified: **06/07/1990**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 5775 NW BLUE LAGOON DR.	26 5775 NW BLUE LAGOON DR.
Suite, Apt. #, etc. 22 SUITE 400	Suite, Apt. #, etc. 27 SUITE 400
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33126	Country 25 USA
Zip 29 33126	Country 30 USA

4. FEI Number: **65-0274594** ☐ 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

9. Name and Address of Current Registered Agent

SHUE, HENRY C. TIE
5775 BLUE LAGOON DR.
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 where indicated.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHUE, HENRY C. TIE		1.2 NAME		
STREET ADDRESS	5775 BLUE LAGOON DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	RUBIN, DAVID,DDS		2.2 NAME	ESTATE OF DAVID RUBIN	
STREET ADDRESS	5775 BLUE LAGOON DR.		2.3 STREET ADDRESS	8544 SW 115th COURT	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALENIER, CHARLES		3.2 NAME		
STREET ADDRESS	5775 BLUE LAGOON DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	400001827924	
STREET ADDRESS			4.3 STREET ADDRESS	-05/20/96--01008--010	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****208.75 ****208.75	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	MPL 5-10-96	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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)(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: _____ Apr. 30, 1996 (Date) 262-1333 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

BOARD OF DIRECTORS NAMES AND ADDRESSES

2-2

Dir Dr. Melvin Gober
30720 Old Still Lane
Ft. Lauderdale, FL 33331

Dir Dr. Howard Levine
12101 SW 89th Avenue
Miami, FL 33156

Dir Jerome Summers
6260 SW 118th Terrace
Miami, FL 33156

Dir Edwin Birns
21300 An Simeon Way N2
North Miami Beach, FL 33179

Dir Gerald Nattboy
701 NW 155th Terrace
Pembroke Pines, FL 33028

Dir Lawrence Krasne
1980 NE 191 Drive
North Miami Beach, FL 33179

Dir Dr. Harvey Caplin
2800 Island Blvd., Apt. 2803
Williams Island, FL

Dir Dr. Stanley Shapiro
8421 SW 114th Street
Miami, FL 33156

Dir Norman Russ
9350 West Bay Harbor Drive
Bay Harbor, FL 33154

Dir Harry Berkowitz
2225 NE 204th Street
North Miami Beach, FL 33180

Dir Alvin Krasne
4801 Taylor Street
Hollywood, FL 33021