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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 07, 1999 8:00 am Secretary of State

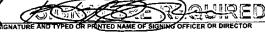
04-07-1999 90097 008 \*\*\*150.00

T. Corporation	MENT # M37639 LS DENTAL CARE GROUP										
Principal Place	e of Business	М	lailing Address				1 (88)(88)( )88 (	1141 I <b>3610 0</b> 11 <b>00</b> 41	14 <b>6</b> 1841 <b>81611</b> 1	#1#11 #1#11 <b>81#</b> 14	B   B   B   B   B   B   B   B   B   B
8729 SW 136TH	•	87	29 SW 136TH ST.								
MIAMI FL 33176			MIAMI FL 33176						:	0.004.05	
US		US	3				3. Date Incorporate	d or Qualifed	IE IN THIS	SSPACE	
							09/01/1986	o or Quanted			
2 Principal P	lace of Business	2a	, Mailing Address				4. FEI Number			Ar	oplied For
21		26					59-2712060			No	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of State	ne Desired			Additional
22		27					5. Certificate of Sta	us Desired		Fee Re	equired
City & State	8		City & State				6. Election Campai	-			May Be
23	·	28	<u> </u>				Trust Fund Cont				to Fees
Žip	Country	$\vdash$	Zip	Count	ry		8. This corporation		ent year in	ntangible Yes	□No
24	25	29	stand & want	30			Personal Proper		Registered		
	9. Name and Address of Currer	nt Regi	stered Agent	8	1	Name	10. Name and Add	C33 01 11211 1	togiotor o	rigoni	
DAVI	DSON, DR BEATRIZ FRA			8					<del></del>		
710 PARADISO AVE						Street Add	ress (P.O. Box Number	is Not Accept	able)	-	
CORAL GABLES FL 33146											
					$\perp$						<del>-</del>
	•	•		8	4	City			Fl	_  85  Zip	Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the state o	of Flori ations of	da. Such change was a f, Section 607.0505, Flo	utnorized d rida Statute	ey u	ne corporati	on's board of directors.	hereby acce	pt the appo	intment as re	egistered
12.	OFFICERS AN			13.			ADDITIONS/CHA	NGES TO OF	FICERS A	ND DIRECTO	ORS IN 12
TITLE	P		DELETE	1.1 TITLE			,			☐ Change	
NAME	DAVIDSON, DR BEATRIZ FRA			1.2 NAM	E						
STREET ADDRESS	710 PARADISO AVE				ET/	ADDRESS					1
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY	-ST-	-ZIP					
TITLE	ST		☐ DELETE	2.1 TITLE	•	1	•			Change	☐ Addition
NAME	WIRTH, LINDA YUSMAN			2.2 NAM	E	1					
STREET ADDRESS	6495 SW 94 ST			2.3 STRE	ETA	ADORESS					
~CITY-ST-ZIP	MIAMI FL	-	- ~~~	2.'4 CITY		-ZIP			~	Change	Addition
TITLE			☐ DELETE	3.1 TITLE						Clange	☐ Addison
NAME	•			3.2 NAM							ţ
STREET ADDRESS						ADDRESS					[
CITY-ST-ZIP	<b> -</b>		☐ DELETE	3.4. CITY		-ZIP				☐ Change	Addition
TITLE			□ petere	4,1 TITLE							
NAME				4. 2 NAM		ADDRESS					
STREET ADDRESS				4.4 CITY		1					
CITY-ST-ZIP			☐ DELETE	5.1 TITLE		-ZIF				Change	☐ Addition
NAME				5.2 NAM							}
STREET ADDRESS						ADDRESS					ł
CITY-ST-ZIP				5.4 CITY		i					
TITLÉ			☐ DELETE	6.1 TITLE		<del>                                     </del>				Change	Addition
NAME			-	6.2 NAM	Ε						
STREET ADDRESS	In the same state of			6.3 STR	ET.	ADDRESS					

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:



4/5/99

Daytime Phone #