

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 16, 1999 8:00 am
Secretary of State

04-16-1999 90073 008 ***150.00

DOCUMENT # M69793

1. Corporation Name

Direct Dental Services, Inc.

Principal Place of Business

10775 SW 56th Street
P.O. Box 562091
Miami, FL 33256-9091

Mailing Address

10775 SW 56th Street
P.O. Box 562091
Miami, FL 33256-9091

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5990 SW 130th Terrace
Suite, Apt. #, etc.

22 P.O. Box 562091

23 City & State
Miami, FL

24 Zip Country
33256-9091 USA

2a. Mailing Address

26 5990 SW 130th Terrace
Suite, Apt. #, etc.

27 P.O. Box 562091

28 City & State
Miami, FL

29 Zip Country
33256-9091 USA

3. Date Incorporated or Qualified

02/26/1988

4. FEI Number

65-0032203

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 the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

Charles Shirley J.
3600 Mystic Pointe Drive
Tower 300 Apt #1610
Aventura, FL 33180

10. Name and Address of New Registered Agent

81 Name
Greenstein, Dr. Melvyn

82 Street Address (P.O. Box Number is Not Acceptable)
5990 SW 130th Terrace

83

84 City
Miami

FL

85 Zip Code
33156

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 MELVYN GREENSTEIN, DDS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-7-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME Charles Shirley J.
STREET ADDRESS 3600 Mystic Pointe Dr., Tower 300 #1610
CITY-ST-ZIP Aventura, FL

TITLE DST
NAME Salomon Loretta
STREET ADDRESS 7045 SW 125th Street
CITY-ST-ZIP Miami, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DP
Greenstein, Dr. Melvyn
5990 SW 130th Terrace
Miami, FL 33156

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DST
Greenstein, Irene S.
5990 SW 130th Terrace
Miami, FL 33156

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

MELVYN GREENSTEIN, DDS

4-7-99

305666-0314

CR2E034 (11/98)