FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M92649** **(6)**

1. Corporation Name

SUNSET OAKS DENTAL GROUP, P.A.

Principal Place of Business	Mailing Address
9240 SUNSET DR STE 115 33173 33173-3262	9240 SUNSET DR STE 115 33173 33173-3262

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **06/04/1988**

3a. Date of Last Report: **08/05/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **65-0076329** — Applied For / Not Applicable

Suite, Apt. #, etc. — 22 / 27

5. Certificate of Status Desired — $8.75 Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

Zip / County — 24 / 25 / 29 / 30

8. Does corporation owe any taxes under Ch. 220, Florida Statutes? Yes / No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GONZALEZ, REINOL A. 10381 SW 69TH LN. MIAMI FL 33173	81 Name: REINOL A. GONZALEZ 82 Street Address (P.O. Box Number is Not Acceptable): 6768 SW 104 AVE 83: M 84 City: MIAMI FL 85 Zip Code: 33173

11. Pursuant to the provisions of Section 607.0202 and 607.1008, 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: _____

(If changing Registered Agent, Registered Agent must sign here) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)
TITLE	D	Change / Addition
NAME	DE LA IGLESIA, MARTHA E.	
STREET ADDRESS	6768 SOUTHWEST 104 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	Change / Addition
NAME	GONZALEZ, REINOL A.	
STREET ADDRESS	6768 SOUTHWEST 104 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	Change / Addition
NAME	BARROS, JOSE F.	
STREET ADDRESS	5825 BLUE ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is true, complete and accurate. I further certify that the information on this report or supplemental report is true and complete and that my signature shall have the same legal effect 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: _____ 4/26/95 305 595 4483

SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR (Area Code & Daytime Phone Number)

0100140 CP