# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:08

DOCUMENT # N16773 (6)

1. Corporation Name
THE DENTISTS SELF INSURANCE TRUST, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % RALPH R. MADIO<br>P. O. BOX 7089<br>HOLLYWOOD FL 33081 | % RALPH R. MADIO<br>P. O. BOX 7089<br>HOLLYWOOD FL 33081 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1986
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2738514 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

MADIO, RALPH R.
200 SOUTH PARK ROAD, SUITE 465
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2514 Hollywood Blvd., Suite 406
83
84 City FL 85 Zip Code 33020

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 | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SOUTAR, JACK H. | 1.2 NAME | |
| STREET ADDRESS | 660 N.E. 95 STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI SHORES FL | 1.4 CITY-ST-ZIP | |
| TITLE | SD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MELINE, SAMUEL M. | 2.2 NAME | |
| STREET ADDRESS | 4410 SHERIDAN STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL | 2.4 CITY-ST-ZIP | |
| TITLE | VD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCHWARTZ, THEODORE S. | 3.2 NAME | |
| STREET ADDRESS | 815 S. UNIVERSITY DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | 3.4 CITY-ST-ZIP | |
| TITLE | VD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | MESTRE, JORGE | 4.2 NAME | |
| STREET ADDRESS | 8500 W FLAGLER ST #B201 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | VD | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | DANN, CARL | 5.2 NAME | |
| STREET ADDRESS | 2200 E. ROBINSON ST. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 5.4 CITY-ST-ZIP | |
| TITLE | VD | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | FALLON, PETER M. | 6.2 NAME | |
| STREET ADDRESS | 129 30 NORTH A1A | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack H. Soutar — Jan 27 1995 — 305-754-5081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jack H. Soutar President/Director

0040048