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Feb 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N16773 (6)

1. Corporation Name

THE DENTISTS SELF INSURANCE TRUST, INC.

Principal Place of Business

Mailing Address

% RALPH R. MADIO  
P. O. BOX 7089  
HOLLYWOOD FL 33081% RALPH R. MADIO  
P. O. BOX 7089  
HOLLYWOOD FL 330813. Date Incorporated or Qualified  
09/09/19863a. Date of Last Report  
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-2738514Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADIO, RALPH R.  
2514 HOLLYWOOD BLVD., SUITE 408  
HOLLYWOOD FL 33021

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME SOUTAR, JACK H.  
STREET ADDRESS 860 N.E. 95 STREET  
CITY-ST-ZIP MIAMI SHORES FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME MELINE, SAMUEL M.  
STREET ADDRESS 4410 SHERIDAN STREET  
CITY-ST-ZIP HOLLYWOOD FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME SCHWARTZ, THEODORE S.  
STREET ADDRESS 815 S. UNIVERSITY DR.  
CITY-ST-ZIP PLANTATION FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME MESTRE, JORGE  
STREET ADDRESS 8500 W FLAGLER ST #B201  
CITY-ST-ZIP MIAMI FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME DANN, CARL  
STREET ADDRESS 2200 E. ROBINSON ST.  
CITY-ST-ZIP ORLANDO FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME FALLON, PETER M.  
STREET ADDRESS 129 30 NORTH A1A  
CITY-ST-ZIP VERO BEACH FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*W. J. Soutar*

2-1-97

954-925-6644

CR2E037 (9/96)