FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N30019 (6)

1. Corporation Name

WEST DADE DENTAL SOCIETY, INC.

Principal Place of Business	Mailing Address
C/O FIRPO H. GARCIA 13020 SW 88 TERRACE MIAMI FL 33186	C/O FIRPO H. GARCIA 13020 SW 88 TERRACE MIAMI FL 33186

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

3. Date Incorporated or Qualified: 12/30/1988
3a. Date of Last Report: 08/14/1995
4. FEI Number: 65-0100640 — 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 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
GARCIA, FIRPO H. 13020 SW 88 TERRACE MIAMI FL 33145	81 Name: Francisco M. Granda 82 Street Address (P.O. Box Number is Not Acceptable): 11880 Bird Road 83 Suite 303 84 City: Miami FL 85 Zip Code: 33175

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] Francisco M. Granda Treasurer 13-March-96
Signature, typed or printed name of registered agent and title (if applicable) — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	P ☐ Change ☒ Addition
NAME	GARCIA, FIRPO H.	1.2 NAME	Sabates, Cesar R.
STREET ADDRESS	13020 S.W. 88TH TERRACE	1.3 STREET ADDRESS	747 Ponce De Leon Blvd #23-B
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	PD ☒ DELETE	2.1 TITLE	V ☐ Change ☒ Addition
NAME	RUIZ-CESTERO, SARABEL	2.2 NAME	Molina, Raul G.
STREET ADDRESS	8500 W. FLAGLER ST., B-202	2.3 STREET ADDRESS	10141 SW 40th ST
CITY-ST-ZIP	MIAMI FL 33144	2.4 CITY-ST-ZIP	Miami FL 33165
TITLE	PD ☒ DELETE	3.1 TITLE	T ☐ Change ☒ Addition
NAME	SALGUERIO, HERBERTO	3.2 NAME	Granda, Francisco M.
STREET ADDRESS	7171 CORAL WAY	3.3 STREET ADDRESS	11880 Bird Road #303
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL 33175
TITLE	P ☒ DELETE	4.1 TITLE	S ☐ Change ☒ Addition
NAME	LLAMAS, LUIS	4.2 NAME	Sanchez, Carlos A.
STREET ADDRESS	747 PONCE DE LEON AVE.	4.3 STREET ADDRESS	7690 W. Flager ST
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Miami FL 33144
TITLE	S ☒ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	PERELMUTER, STEVEN	5.2 NAME	Novoa, Joaquin J.
STREET ADDRESS	8720 N. DENDALL DR. #103	5.3 STREET ADDRESS	5730 SW 74 Terr
CITY-ST-ZIP	MIAMI FL 33176	5.4 CITY-ST-ZIP	Miami FL 33143
TITLE	P ☒ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME	SIMBACO, RAFAEL D	6.2 NAME	Villela, Bernardo
STREET ADDRESS	3918 W. 12 AVE.	6.3 STREET ADDRESS	8500 W. Flager ST #A-108
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP	Miami FL 33144

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)(k), 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: [signature] Treasurer Francisco M. Granda 13-March-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 305-553-[illegible]

CR2E037 (12/95)