2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90055 005 ****61.25

DOCUMENT # N30019

1. Entity Name

WEST DADE DENTAL SOCIETY, INC.

Principal Place of Business	Mailing Address
C/O CARLOS B. PARGAS, CPA 9700 S. SIXIE HIGHWAY, #900 MIAMI FL 33156 US	C/O CARLOS B. PARGAS, CPA 9700 S. SIXIE HIGHWAY, #900 MIAMI FL 33156 US

2. Principal Place of Business	3. Mailing Address
7700 N. Kendall Dr.	7700. N. Kendall Dr.
Suite, Apt. #, etc. Suite 515	Suite, Apt. #, etc. Suite 515
City & State Miami, FL	City & State Miami, Fl
Zip 33156 Country U.S.	Zip 33156 Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0100640 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOLEDO, GILBERT DMD 7765 S.W. 87 AVE. SUITE 109 MIAMI FL 33173	Name: William Lamas Street Address (P.O. Box Number is Not Acceptable): 6600 Cow Pen Road # 240 City: Miami Lakes FL Zip Code: 33014

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: ✓ WILLIAM LAMAS — 02/25/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	TD ☑ Change ☐ Addition
NAME	TOLEDO, GILBERT	NAME	Toledo, Gilbert
STREET ADDRESS	7765 S.W. 87 AVE. SUITE 109	STREET ADDRESS	7765 S.W. 87 Ave Suite 109
CITY-ST-ZIP	MIAMI FL 33173	CITY-ST-ZIP	Miami, Fl. 33173
TITLE	PED ☑ Delete	TITLE	PED ☑ Change ☐ Addition
NAME	GAINZA, MARTA	NAME	Echevarria Salgueiro, Rita
STREET ADDRESS	10141 SW 40TH ST	STREET ADDRESS	7171 Coral Way Suite 217
CITY-ST-ZIP	MIAMI FL 33165	CITY-ST-ZIP	Miami, Fl. 33155
TITLE	TD ☐ Delete	TITLE	PD ☑ Change ☐ Addition
NAME	NOVOA, JOAQUIN A	NAME	Novoa, Joaquin A.
STREET ADDRESS	5730 S.W. 74 TERR.	STREET ADDRESS	5730 S.W. 74 terr.
CITY-ST-ZIP	MIAMI FL 33143	CITY-ST-ZIP	South Miami, Fl. 33143
TITLE	SD ☑ Delete	TITLE	SD ☑ Change ☐ Addition
NAME	DIAZ-NORMAS, ANGEL	NAME	Lucas, Albert
STREET ADDRESS	9100 CORAL WAY SUITE 2	STREET ADDRESS	11141 S.W. 64 Ave.
CITY-ST-ZIP	MIAMI FL 33165	CITY-ST-ZIP	Pinecrest, Fl. 33156
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ SIGNATURE REQUIRED — 02/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #